DOMESTIC INTAKE FORM

HUSBAND'S INFORMATION:		
Full Name:	Social Security Number:	
Place of Birth:	Date of Birth:	
Race:	Number of This Marriage:	
Education (0-12):	College (1-4 or 5+):	
Usual Residence:	County:	
Armed Forces (If Yes, Branch)	Employer:	
Employer's Address:	Employer's Telephone #:	
Driver's License Number:	Home Telephone #:	
Cell Phone #:	Email Address:	
WIFE'S INFORMATION:		
Full Maiden Name:	Social Security Number:	
Place of Birth:	Date of Birth:	
Race:	Number of This Marriage:	
Education (0-12):	College (1-4 or 5+)	
Usual Residence:	County:	
Armed Forces (If Yes, Branch)	Employer:	
Employer's Address:	Employer's Telephone #:	
Driver's License Number:	Home Telephone #:	
Cell Phone #:	Email Address:	
MARRIAGE INFORMATION:		
Place of Marriage:	Date of Marriage:	
No. of Children under 18:	Date of Separation:	
Last Residence as Husband /Wife:		
CHILDREN'S INFORMATION:		
Child Name:	Social Security Number:	
Date of Birth:	Place of Birth:	
Child Name:	Social Security Number:	
Date of Birth:	Place of Birth:	
Child Name:	Social Security Number:	
Date of Birth:	Place of Birth:	