



STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print). If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse, if applicable) to the transaction should personally sign this form and any additional pages used.

ESCROW: ORDER NUMBER:

NAME AND PERSONAL INFORMATION

First Name Middle/Maiden Name (if none, please indicate) Last Name Date of Birth

Home Phone: Bus. Phone: Cell Phone: Soc. Sec. No.

State of Residence Date Residence Began Birthplace (City/State) Driver's Lic.

Known by other names?

Currently Married? Date & Place of Marriage Date Country/City/State

Spouse: First Name Middle/Maiden Name (if none, please indicate) Last Name Date of Birth

Home Phone: Bus. Phone: Cell Phone: Soc. Sec. No.

State of Residence Date Residence Began Birthplace (City/State) Driver's Lic.

Known by other names?

NAMES & AGES OF ALL CHILDREN (INCLUDING THOSE FROM PREVIOUS RELATIONSHIPS)

Table with 6 columns: Name, Age, Name, Age, Name, Age

RESIDENCES & INVESTMENT PROPERTIES / PLEASE INCLUDE ANY PO BOXES (LAST 15 YEARS)

Number & Street City State Zip Code From (date) to (date)

Number & Street City State Zip Code From (date) to (date)

Number & Street City State Zip Code From (date) to (date)

OCCUPATIONS/BUSINESSES (LAST 15 YEARS; IN NJ AND VA LAST 20 YEARS)

Firm or Business Name Full Address From (date) to (date)

Firm or Business Name Full Address From (date) to (date)

Have you ever been self-employed? Name of Business Tax ID #

Number & Street City State Zip Code From (date) to (date)

SPOUSE'S OCCUPATIONS/BUSINESSES (LAST 15 YEARS; IN NJ AND VA LAST 20 YEARS)

Firm or Business Name Full Address From (date) to (date)

Firm or Business Name Full Address From (date) to (date)

Have you ever been self-employed? Name of Business Tax ID #

Number & Street City State Zip Code From (date) to (date)

PRIOR MARRIAGE(S)

Prior Spouse's Name: Deceased () Divorced () Where When

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THE UNDERSIGNED DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT:

Executed on , 20 at Month/Day Year Time

By: Signature By: Signature