

# Confidential Information Statement

## Identity Affidavit

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of birth \_\_\_\_\_

Birthplace City, State \_\_\_\_\_ Years lived in WA State \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of spouse/domestic partner First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_

Birthplace City, State \_\_\_\_\_ Maiden name \_\_\_\_\_

Years lived in WA State \_\_\_\_\_ Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We were married on Date \_\_\_\_\_ at City & State \_\_\_\_\_

**Residence during the past 10 years** (if either spouse/partner has had more than two former residences during the past 10 years, please list on a separate sheet)

Self: 1. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. \_\_\_\_\_

Spouse/ Partner: 1. \_\_\_\_\_

2. \_\_\_\_\_

**Occupations** (if either spouse/partner has had more than two former occupations during the past 10 years, please list on a separate sheet of paper)

Self: 1. Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Street/City/State \_\_\_\_\_ # Years \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Spouse/ Partner: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Former Marriage (s)** (if no former marriages write none)

Self: Name of former spouse/domestic partner \_\_\_\_\_

Deceased  Divorced Date \_\_\_\_\_ Where City & State \_\_\_\_\_

Spouse: Name of former spouse/domestic partner \_\_\_\_\_

Deceased  Divorced Date \_\_\_\_\_ Where City & State \_\_\_\_\_

(If either spouse/partner has had more than one former marriage, please list on a separate sheet of paper with your signature.)

There are no outstanding judgements, state tax warrants, or internal revenue liens against me. This statement is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature (affiant) \_\_\_\_\_

Please select one of the following methods		
<p><b>E-mail</b> <small>FIRST CHOICE</small></p> <p>Please complete, scan, and e-mail this form to forms@wfgnationaltitle.com</p>	<p><b>Fax</b> <small>SECOND CHOICE</small></p> <p>Please complete and fax to 888-663-6783 No cover page is necessary</p>	<p><b>Mail</b></p> <p>Please mail the completed form using the stamped return envelope enclosed</p>



Ref: \_\_\_\_\_

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