THE BLUEST INK, LLC UNCONTESTED DIVORCE QUESTIONNAIRE

Name:				
Street Address:		_ City:		
Parish:	State:	Zip:		
Home Phone Number:	Cell Phone Nu	ımber:		
Fax Number:	Email Address:			
Referred or recommended by:				
SPOUSE INFORMATION:				
Name of Spouse:				
Street Address of Spouse:		City:		
Parish:	State:	Zip:		
Home Phone Number:	Cell Phone Nu	Cell Phone Number:		
Fax Number:	Email Address:			
MARRIAGE INFORMATION:				
Date of Marriage: S	tate Where Married:			
City and Parish/County Where Marrie	d:			
Are you and your spouse currently sep	arated?	Yes	No	
Date of Separation:	Reason(s) for separation:			
In what parish/county and state did yo	ou last live together as spouses?			
Do you and your spouse have a prenu	ptial/postnuptial agreement?	Yes	No	
Do you and your spouse have any chile	dren with each other?	Yes	No	
If Yes, please list the names and birthd	ates of your children together:			
CHILD'S NAME		CHILD'S BIR	THDATE	
1				
2				
3				
4				
I certify that the information provid information and belief.	ed above is true and correct t	o the best of my kr	nowledge,	
SIGNATURE		 Date		