## Billy Graham Evangelistic Association Will Information Worksheet

Use this informational sheet to assist the attorney in preparing your will. Please print clearly.	
□ Mr. □ Mrs. □ Ms. □ Miss	
Name:	
Address:	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Birth Date: Phone No.: ( ) Social Security No	
IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, AND OTHERS):	
□ Mr. □ Mrs. □ Ms. □ Miss	
Name:	
Address:	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Birth Date: Phone No.: ( ) Social Security No	
□ Mr. □ Mrs. □ Ms. □ Miss	
Name:	
Address:	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Birth Date: Phone No.: ( ) Social Security No	
□ Mr. □ Mrs. □ Ms. □ Miss	
Name:	
Address:	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Birth Date: Phone No.: ( ) Social Security No	
□ Mr. □ Mrs. □ Ms. □ Miss	
Name:	
Address:	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Birth Date: Phone No.: ( ) Social Security No	
HOW I WANT MY ESTATE DISTRIBUTED:	
☐ To my spouse:%	
☐ To my children (equally, unless otherwise designated):%	
☐ To other individuals:	rcentage
	Amount

To Christian organizations:		Percentage
Name	Address	or Amount
	OR ORGANIZATION TO BE THE PERSON. O SERVE WITH/WITHOUT (CIRCLE ONE)	
Name of Executor:	Address:	
Alternate Executor:	Address:	_
I WANT THE FOLLOWING PERSON(	S) TO BE THE GUARDIAN(S) OF MY MING	OR CHILDREN:
Name(s) of Guardian(s):	Address:	
Alternate Guardian(s):	Address:	
ADDITIONAL INFORMATION FOR M	Y ATTORNEY:	
1. An attached copy of my present will(s)		
2		

Be sure to contact an attorney for the preparation of your will.



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