

SELF-REPORT FAMILY DATA FORM

Your filling in this form saves much valuable time. This, as all other information, is strictly confidential. Please attempt to fill in all relevant information.

My Name _____ Telephone _____

Address _____

Birthdate _____ Age _____ Birthplace _____ (Year Arrived U.S.A. _____)

Occupation _____ Formal Education _____ Religion _____

FIRST NAME	YEAR OF BIRTH	BIRTHPLACE (YR. ARR. U.S.A.)	YEARS OF SCHOOL	OCCUPATION (ADD R IF RETIRED)	RELIGION	MARITAL STATUS (IF DIVORCED, YR.)	LIVES WHERE?	IF DECEASED, WHAT YEAR AND CAUSE?
MY FATHER								
MY MOTHER								
STEP-PARENTS								
SIBLINGS*								

*Place (h) after half-siblings, (s) after step-siblings.

My Spouse's Name _____ Date of Marriage _____

Birthdate _____ Age _____ Birthplace _____ (Year Arrived U.S.A. _____)

Occupation _____ Formal Education _____ Religion _____

FIRST NAME	YEAR OF BIRTH	BIRTHPLACE (YR. ARR. U.S.A.)	YEARS OF SCHOOL	OCCUPATION (ADD R IF RETIRED)	RELIGION	MARITAL STATUS (IF DIVORCED, YR.)	LIVES WHERE?	IF DECEASED, WHAT YEAR AND CAUSE?
SPOUSE'S FATHER								
SPOUSE'S MOTHER								
SPOUSE'S STEP-PARENTS								
SPOUSE'S SIBLINGS*								

*Place (h) after half-siblings, (s) after step-siblings.

