

APPLICANT QUESTIONNAIRE

Instrument _____
Date _____

Complete all blanks- Please **PRINT**

Full Name:

First

Middle

Last

Birth Name (if different):

Birthplace (State or Foreign Country):

Social Security #:

Daytime Phone Number:

Date of Birth:

Age:

Sex:

Male

Female

Usual Residence:

Number & Street

City

County

State

Zip

First Marriage: Yes No

Current Marital Status (single, Divorced, Widowed):

If Divorced, Date and State of Divorce:

If Widowed, Spouses Date of Death:

Hispanic Origin (Check One):

No, not Spanish/ Hispanic/ Latino

Yes, Puerto Rican

Yes, Cuban

Yes, Mexican, Mexican American, Chicano

Yes, Other Spanish/ Hispanic/ Latino (Specify)

Race (Check all that apply):

White

Black or African American

Asian Indian

Chinese

Filipino

American Indian or Alaska Native (Name of Principle Tribe)

Japanese

Korean

Vietnamese

Other Asian (Specify):

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander (Specify):

Other (Specify):

Full Name of Father/Parent:

First

Middle

Last

State of Birth:

Full Name of Mother/Parent:

First

Middle

Maiden Last

State of Birth:

Driver's License Number :

SPOUSE QUESTIONNAIRE

Instrument _____
Date _____

Complete all blanks- Please **PRINT**

Full Name:

First

Middle

Last

Birth Name (if different):

Birthplace (State or Foreign Country):

Social Security #:

Daytime Phone Number:

Date of Birth:

Age:

Sex:

Male

Female

Usual Residence:

Number & Street

City

County

State

Zip

First Marriage:

Yes

No

Current Marital Status (single, Divorced, Widowed):

If Divorced, Date and State of Divorce:

If Widowed, Spouses Date of Death:

Hispanic Origin (Check One):

No, not Spanish/ Hispanic/ Latino

Yes, Puerto Rican

Yes, Cuban

Yes, Mexican, Mexican American, Chicano

Yes, Other Spanish/ Hispanic/ Latino (Specify)

Race (Check all that apply):

White

Black or African American

Asian Indian

Chinese

Filipino

American Indian or Alaska Native (Name of Principle Tribe)

Japanese

Korean

Vietnamese

Other Asian (Specify):

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander (Specify):

Other (Specify):

Full Name of Father/Parent:

First

Middle

Last

State of Birth:

Full Name of Mother/Parent:

First

Middle

Maiden Last

State of Birth:

Driver's License Number :