



STATISTICAL DATA FORM

Name: _____

Last four digits of SSN/ID Number: _____ Citizenship: _____

Birthdate: _____ Age: _____ Birthplace: _____

Marital Status: Married Divorced Single

No. of Children: _____

What is your sex? Female Male

Which one of the following racial or ethnic groups best describes you? **PLEASE MARK ONLY ONE.**

American Indian or Alaskan Native
Enrolled Member: Yes No
Tribe/Village: _____

Pacific Islander (Melanesian,
Micronesian, Polynesian)

Filipino

Origins in the Indian sub-continent
(Pakistan, India, Bengal, etc.)

Hispanic

Asian (includes Chinese, Japanese,
Korean and the peoples of Malaysia
and Southeast Asia)

African American

White

Other

Signature: _____ Date: _____