



**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  Other: \_\_\_\_\_

Which one of the following racial or ethnic groups best describes you? **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: \_\_\_\_\_