

Applicant Questionnaire

1. First, Middle, Last Name, Suffix _____
2. Maiden Name or Legal Name Prior to First Marriage (If Applicable) _____
3. Birthplace (State or Foreign Country) _____
4. Social Security Number _____
5. Phone Number (_____)- _____ - _____
6. Birth date (mm/dd/yyyy) _____
7. Age _____
8. Sex Female _____ Male _____
9. Current Residence Address
Street Address _____
City, State, Zip Code _____
10. Is this your first Marriage Yes _____ No _____
11. Current Marital Status (Single, Divorced, Widowed) _____
12. If Divorced, Date and State of Divorce _____
13. If Widowed, Date Spouse Died (mm/dd/yyyy) _____
14. Hispanic Origin (Check One)
 No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican Yes, Cuban
 Yes, Other Spanish/Hispanic/Latino
(Specify) _____
15. Race (Check all that Apply)
 White Other Asian
 Black or African American (Specify) _____
 American Indian or Alaska Native Native Hawaiian
(Name of Principal Tribe) _____ Guamanian or Chamorro
 Asian Indian Samoan
 Chinese Other Pacific Islander
 Filipino (Specify) _____
 Japanese Other _____
 Korean Unknown
 Vietnamese
16. Father/Parent's Legal Name Prior to First Marriage (First, Middle, Last)

17. Father/Parent's Birthplace (State or Foreign Country) _____
18. Mother/Parent's Maiden or Legal Name Prior to First Marriage (First, Middle, Last)

19. Mother's Birthplace (State or Foreign Country) _____