

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)

- | | |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino
(Specify) _____ | |

15. Race (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Black or African American | (Specify) _____ |
| <input type="checkbox"/> American Indian or Alaska Native
(Name of Principal Tribe) _____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | (Specify) _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Unknown |

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) _____

Spouse Questionnaire

20. First, Middle, Last Name, Suffix _____

21. Maiden Name or Legal Name Prior to First Marriage (If Applicable)

22. Birthplace (State or Foreign Country) _____

23. Social Security Number _____

24. Phone Number (_____) - _____ - _____

25. Birth date (mm/dd/yyyy) _____

26. Age _____

27. Sex: Female _____ Male _____

28. Current Residence Address

Street Address _____

City, State, Zip Code _____

29. Is this your first Marriage: Yes _____ No _____

30. Current Marital Status (Single, Divorced, Widowed) _____

31. If Divorced, Date and State of Divorce _____

32. If Widowed, Date Spouse Died (mm/dd/yyyy) _____

33. Hispanic Origin (Check One)

No, not Spanish/Hispanic/Latino

Yes, Puerto Rican

Yes, Other Spanish/Hispanic/Latino
(Specify) _____

Yes, Mexican, Mexican American, Chicano

Yes, Cuban

34. Race (Check all that Apply)

White

Black or African American

American Indian or Alaska Native
(Name of Principal Tribe) _____

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

(Specify) _____

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

(Specify) _____

Other _____

Unknown

35. Father/Parent's Legal Name Prior to First Marriage (First, Middle, Last)

36. Father/Parent's Birthplace (State or Foreign Country) _____

37. Mother/Parent's Maiden or Legal Name Prior to First Marriage (First, Middle, Last)

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