

STATISTICAL DATA FORM

Name _____

SSN/ ID Number: _____ Citizenship: _____

Birthdate: _____ Age: _____ Birthplace _____

Married _____ Divorced _____ Single _____ No. of Children _____

What is your sex? _____ Male _____ Female

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

_____ American Indian/Alaskan Native

Tribe/Village _____

Enrolled Member : _____ Yes _____ No

_____ Pacific Islander
(Melanesian/Micronesian/Polynesian)

_____ Filipino

_____ Origins in 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

Date _____

Signature _____

Effective Date: October 1992