

APPLICANT ONE
PLEASE COMPLETE ALL INFORMATION

NAME: _____ **DATE OF BIRTH** ____/____/____
FIRST MIDDLE LAST MONTH/DAY/YEAR

PLACE OF BIRTH: _____ **PHONE NUMBER** _____
CITY AND STATE/ FOREIGN COUNTRY

AGE: _____ **SOCIAL SECURITY NUMBER:** _____

CURRENT ADDRESS: _____
STREET CITY COUNTY STATE ZIP

MALE OR FEMALE _____ **NUMBER OF PREVIOUS MARRIAGES:** _____

MARITAL STATUS: NEVER MARRIED DIVORCED WIDOW/WIDOWER

LAST MARRIAGE ENDED BY: DEATH DIVORCE ANNULMENT
DATE LAST MARRIAGE ENDED: MONTH _____ DAY _____ YEAR _____

DATE OF BIRTH VERIFIED BY: DRIVER'S LICENSE STATE IDENTIFICATION
OTHER _____

EDUCATION: _____
SPECIFY HIGHEST GRADE COMPLETED OR DEGREE

OCCUPATION: _____

IS RESIDENCE INSIDE CITY LIMITS? NO YES

COLOR OR RACE _____ **ETHNICITY** _____

- | | | |
|--|----|-----|
| 1. Are you now or have you ever been adjudged to be mentally incompetent? | NO | YES |
| If answer is "yes" has the adjudication been removed? | NO | YES |
| 2. Are you related to the applicant closer than second cousin? | NO | YES |
| 3. Are you now under the influence of an alcoholic beverage? | NO | YES |
| 4. Are you now under the influence of a narcotic drug? | NO | YES |
| 5. List the full names and date of birth of any dependent children (custodial or non-custodial). | | |
- _____
- _____

PARENTS:

FULL NAME OF FATHER: _____
FIRST MIDDLE LAST

ADDRESS, CITY, STATE, ZIPCODE (if deceased, so state): _____

BIRTHPLACE OF FATHER: _____
CITY & STATE / FOREIGN COUNTRY

FULL NAME OF MOTHER: _____
FIRST MIDDLE LAST MAIDEN

ADDRESS, CITY, STATE, ZIPCODE (if deceased, so state): _____

BIRTHPLACE OF MOTHER: _____
CITY & STATE / FOREIGN COUNTRY

SIGNATURE: _____

NEW ADDRESS: _____

APPLICANT TWO
PLEASE COMPLETE ALL INFORMATION

NAME: _____ **DATE OF BIRTH** ____ / ____ / ____
FIRST MIDDLE LAST MONTH/DAY/YEAR

PLACE OF BIRTH: _____ **PHONE NUMBER** _____
CITY AND STATE/ FOREIGN COUNTRY

AGE: _____ **SOCIAL SECURITY NUMBER:** _____

CURRENT ADDRESS: _____
STREET CITY COUNTY STATE ZIP

MALE OR FEMALE _____ **NUMBER OF PREVIOUS MARRIAGES:** _____

MARITAL STATUS: NEVER MARRIED DIVORCED WIDOW/WIDOWER

LAST MARRIAGE ENDED BY: DEATH DIVORCE ANNULMENT
DATE LAST MARRIAGE ENDED: MONTH _____ DAY _____ YEAR _____

DATE OF BIRTH VERIFIED BY: DRIVER'S LICENSE STATE IDENTIFICATION
OTHER _____

EDUCATION: _____
SPECIFY HIGHEST GRADE COMPLETED OR DEGREE

OCCUPATION: _____

IS RESIDENCE INSIDE CITY LIMITS? NO YES

COLOR OR RACE _____ **ETHNICITY** _____

- | | | |
|--|----|-----|
| 1. Are you now or have you ever been adjudged to be mentally incompetent? | NO | YES |
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PARENTS:

FULL NAME OF FATHER: _____
FIRST MIDDLE LAST

ADDRESS, CITY, STATE, ZIPCODE (if deceased, so state): _____

BIRTHPLACE OF FATHER: _____
CITY & STATE / FOREIGN COUNTRY

FULL NAME OF MOTHER: _____
FIRST MIDDLE LAST MAIDEN

ADDRESS, CITY, STATE, ZIPCODE (if deceased, so state): _____

BIRTHPLACE OF MOTHER: _____
CITY & STATE / FOREIGN COUNTRY

SIGNATURE: _____

NEW ADDRESS: _____