

# GENERAL INFORMATION SHEET

**Donor Information Full Name** \_\_\_\_\_  
Last First Middle Maiden Name

**Also Known As (AKA), if any** \_\_\_\_\_  
Last First Middle Maiden Name

**Residence Address:** \_\_\_\_\_  
Street Address Apt # P O Box City/Municipality State Zip Code County \_\_\_\_\_

If your residence lies within a **Township**, list the **Township** \_\_\_\_\_  
Name of Township County \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Sex  M  F  
Area Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City & State OR City & Foreign Country

**Education: (Highest degree or level of school completed at time of death)**

- Grade 8 or less     Grade 9-12, no diploma     High School graduate or GED  
 Some college credit, no degree     Associate degree (AA, AS)     Bachelor's degree (BA, AB, BS)  
 Master's degree (MA, MS, MEd, MSW)     Doctorate (PhD, EdD or Professional degree (MD, DDS, JD))

**Race:**  White     Black or African American     American Indian or Alaska Native  
(Enrolled or principle tribe) \_\_\_\_\_

- Asian Indian     Filipino     Korean     Chinese     Japanese     Vietnamese  
 Other Asian (Specify) \_\_\_\_\_     Native Hawaiian     Guamanian or Chamorro  
 Samoan     Other Pacific Islander (Specify) \_\_\_\_\_     Other (Specify) \_\_\_\_\_

**Of Hispanic origin?**  YES  NO - If YES, specify  Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican     Yes, Cuban     Yes, Other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

**U.S. Armed Forces**  YES  NO *If YES, from* \_\_\_\_\_ *to* \_\_\_\_\_ *Name War/Conflict* \_\_\_\_\_

**Employment - if Retired (list past employment):** \_\_\_\_\_ **In what kind of business**  
**List PRIMARY lifetime occupation** \_\_\_\_\_ **or Industry** \_\_\_\_\_

**Name and Address of this PRIMARY employer** \_\_\_\_\_  
Name, Address, City and State

**PLEASE TURN FORM OVER AND COMPLETE OTHER SIDE** →→→→→→→→

