

# Knowing Personal Facts

**Directions:** Fill in this form.

First Name			Middle			Last		
Street Address								
City			State		Zip		County	
Country of Residence						Are you a U.S. citizen?		
Birth Month		Day	Year		Birth City			State
Home Phone # (    )				Cell Phone # (    )				
E-mail Address								
Sex    M    F		Height		Weight		Marital Status    S    D    M    W		
Hair Color			Eye Color			Age		
Food Allergies								
Exercise Habits								
Name of Physician								
Name of current (or last) school attended								
Blood type				Mother's maiden name				