



PERSONAL DATA

Social Security#: _____ Date: _____

Full Name: _____
FIRST MIDDLE LAST MAIDEN

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Male Race: _____ Hispanic Origin: YES NO
 Female If yes, specify: _____
(Mexican, Cuban, Puerto Rican, etc)

Level of Education: Grades (0-12) _____ College: _____

Usual Occupation: _____ Type of Business: _____
(Please list work done during most of working life. DO NOT USE RETIRED)

Marital Status: Married Never Married Widowed Divorced

Spouse: (Including Maiden Name) _____

Please list parent's name, even if deceased

Father's name: _____ Mother's name: _____
(Including Maiden Name)

For Notification:

Immediate Next of Kin: _____ Relationship: _____
FIRST MIDDLE LAST

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

ARE CREMATED REMAINS TO BE RETURNED: YES NO

If yes, please note that cremated remains will usually be returned in approximately 14 to 24 months minimally. Next of Kin will be contacted by letter prior to delivery. In some cases, it may not be possible to comply if the request is not made or if cremated remains are not available due to medical research.

Veterans --- Please complete the following

U.S. Veteran: YES NO Branch of Service: _____

Military Rank: _____ Military Unit: _____

Military Serial Number: _____ Type of Discharge: _____

Entry Date: _____ Discharge Date: _____

PLEASE KEEP THIS INFORMATION CURRENT WITH OUR OFFICE

PLEASE COMPLETE – MAIL ORIGINAL BACK TO OUR OFFICE

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