



SOCIAL STUDY QUESTIONNAIRE

Please type or print legibly in black or blue ink.

To ensure the questionnaire is complete, please read the instructions carefully.

A. PERSONAL INFORMATION		
Legal Surname: (Last)	First:	Middle:
Date of Birth:		
Place of Birth- City & State:		
Citizenship:		
Social Security Number:		
Cell #:	Home #:	Work #:
E mail Address:		
Residential Address:		
Mailing Address:		
B. NAME OF CHILDREN Please list the names of your natural/adopted children from oldest to youngest. Use additional paper if needed.		
1. Name:	Date of Birth:	
Name of School:	Grade:	
Work Place, if applicable:	Occupation:	
Residential Address (City & State)		
2. Name:	Date of Birth:	
Name of School:	Grade:	
Work Place, if applicable:	Occupation:	
Residential Address (City & State)		
3. Name:	Date of Birth:	
Name of School:	Grade:	
Work Place, if applicable:	Occupation:	
Residential Address (City & State)		
4. Name:	Date of Birth:	

Name of School:	Grade:
Work Place, if applicable:	Occupation:
Residential Address (City & State)	
5. Name:	Date of Birth:
Name of School:	Grade:
Work Place, if applicable:	Occupation:
Residential Address (City & State)	
C. MARITAL BACKGROUND	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
If other than married, are you presently in a relationship?	
If married, is this your first marriage?	
If no, number of previous marriages?	
D. FAMILY BACKGROUND	
Name of Father:	Age:
Is father still living?	If no, age and cause of death:
Residential Address:	
Occupation:	
Name of Mother:	
Age:	
Is mother still living?	If no, age and cause of death:
Residential Address:	
Occupation:	
Are your parents married?	If yes, how many years?
If no, how many years have they been divorced?	
If divorced, did they re-marry?	
Siblings (brothers and sisters) Please list the names of your siblings from oldest to youngest. Use additional paper if necessary.	
I. Name:	Age:
Marital Status:	No of children:
Place of Residency	Occupation:
Deceased Alive	If deceased, cause of death:

2. Name:	Age:
Marital Status:	No of children:
Place of Residency	Occupation:
<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	If deceased, cause of death:
3. Name:	Age:
Marital Status:	No of children:
Place of Residency	Occupation:
<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	If deceased, cause of death:
4. Name:	Age:
Marital Status:	No of children:
Place of Residency	Occupation:
<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	If deceased, cause of death:
5. Name:	Age:
Marital Status:	No of children:
Place of Residency	Occupation:
<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	If deceased, cause of death:
6. Name:	Age:
Marital Status:	No of children:
Place of Residency	Occupation:
<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	If deceased, cause of death:
E. EDUCATIONAL BACKGROUND	
Last Grade Completed:	When:
Where:	
Post Graduate Education:	
Address (City & State):	
Name of College or University:	
Address (City & State):	
Degree Earned:	When completed:
Name of College or University:	
Address (City & State):	
Degree Earned:	When completed:

F. EMPLOYMENT BACKGROUND: Please list the employment history starting with the most recent.		
1. Name of Business or Govt Agency		
Address (City & State):		
Position Title		
Contact No.	Length of Employment:	
2. Name of Business or Govt Agency		
Address (City & State):		
Position Title		
Contact No.	Length of Employment:	
3. Name of Business or Govt Agency		
Address (City & State):		
Position Title		
Contact No.	Length of Employment:	
4. Name of Business or Govt Agency		
Address (City & State):		
Position Title		
Contact No.	Length of Employment:	
G. MILITARY HISTORY		
Have you ever enlisted in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, which branch of the military?		
Date of Enlistment:	Years of Service:	
Date of Discharge or Retirement:	Type of Discharge:	Rank:
H. RELIGION BACKGROUND		
What is your religious affiliation?		
What religious activities do you participate in?		
Do you encourage your children to practice your religion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I. CRIMINAL HISTORY		
Do you have a history as an offender of Substance Abuse, Sexual Abuse, Child Abuse or Neglect, and/or Family Violence? If yes, please provide dates and places:		
Have you ever been arrested for Substance Abuse, Sexual Abuse, Child Abuse or Neglect, and/or Family Violence?		

