

MEMBER INFORMATION SHEET

*Please complete and return this form prior to your counseling appointment (if there is sufficient time.)
Otherwise, please bring the completed form to your appointment.*

MEMBER INFORMATION:

NAME _____ APPOINTMENT DATE & TIME _____
 ADDRESS _____ SOCIAL SECURITY # _____
 _____ HOME PHONE # _____
 _____ CELL PHONE # _____
 EMAIL ADDRESS _____ DATE OF BIRTH _____

PRIOR GOVERNMENT SERVICE: Type: Military Service Other Agency N/A

LEAVES FROM CITY SERVICE: Type: Unpaid Leave Workers' Comp N/A

DOMESTIC PARTNERSHIP: Type: CA-State LACERS City

MEMBER PRIOR MARRIAGE(S):

Name of Prior Spouse _____ Date of Marriage _____ Date of Death _____
 Date of Separation _____ County/State of Divorce _____ Date of Final Decree _____
 Name of Prior Spouse _____ Date of Marriage _____ Date of Death _____
 Date of Separation _____ County/State of Divorce _____ Date of Final Decree _____

SPOUSE/DOMESTIC PARTNER INFORMATION:

Name _____ Maiden Name _____
 Social Security # _____ Date of Birth _____
 Date of Marriage/Partnership _____ City/State of Marriage/Partnership _____

SPOUSE/DOMESTIC PARTNER PRIOR MARRIAGE(S):

Name of Prior Spouse _____ Date of Marriage _____ Date of Death _____
 Date of Separation _____ County/State of Divorce _____ Date of Final Decree _____
 Name of Prior Spouse _____ Date of Marriage _____ Date of Death _____
 Date of Separation _____ County/State of Divorce _____ Date of Final Decree _____

CHILDREN/BENEFICIARY INFORMATION (if additional space is needed, please use reverse side of this sheet)

Name _____ Social Security # (optional) _____
 Address _____ Phone # _____
 City, State, ZIP _____ Date of Birth _____
 Relationship _____

ADDITIONAL CHILDREN AND/OR OTHER BENEFICIARIES INFORMATION:

Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____
Relationship _____

Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____
Relationship _____

Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____
Relationship _____

Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____
Relationship _____

Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____
Relationship _____

LIVING PARENT(S) OF MEMBER:

Mother's Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____

Father's Name _____ Social Security # (optional) _____
Address _____ Phone # _____
City, State, ZIP _____ Date of Birth _____