

MEMBER INFORMATION SHEET - ALL MEMBERS

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:

	Appointment Date and Time
Name	Social Security Number
Street Address	Home Telephone Number
City State Zip Code	Cell Phone Number
Email Address	Date of Birth

<u>Prior Government Service:</u>	Type: Military Service	Other Agency	N/A
<u>Leave from City Service:</u>	Type: Unpaid Leave	Workers' Comp.	N/A
<u>Domestic Partnership:</u>	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 Number	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 AND/OR OTHER BENEFICIARIES INFORMATION:

Name		Social Security Number (optional)	
Street Address	City	State	Zip Code
Relationship	Date of Birth	Telephone Number	

Name		Social Security Number (optional)	
Street Address	City	State	Zip Code
Relationship	Date of Birth	Telephone Number	

Name		Social Security Number (optional)	
Street Address	City	State	Zip Code
Relationship	Date of Birth	Telephone Number	

Name		Social Security Number (optional)	
Street Address	City	State	Zip Code
Relationship	Date of Birth	Telephone Number	

LIVING PARENT(S) OF MEMBER:

Mother's Name		Social Security Number (optional)	
Street Address	City	State	Zip Code
Date of Birth	Telephone Number		

Father's Name		Social Security Number (optional)	
Street Address	City	State	Zip Code
Date of Birth	Telephone Number		

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services, and activities.