

## 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.