



Unit Number:

RESIDENT INFORMATION (PLEASE PRINT)

FIRST NAME:		MIDDLE:	LAST:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose not to disclose
HOME ADDRESS:		CITY	ST	ZIP CODE
MAILING ADDRESS: <input type="checkbox"/> Same as Home		SEXUAL ORIENTATION: <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Don't know/something else <input type="checkbox"/> Choose not to disclose		

MARITAL STATUS:	NEXT OF KIN:	RELATIONSHIP:	DATE OF BIRTH: / /
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EMERGENCY CONTACT NAME:	RELATIONSHIP:	SOCIAL SECURITY NUMBER: - - -
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NAME & AGES OF CHILDREN:	RACE:
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Would you consider having (more) children? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided <input type="checkbox"/> Willing to Adopt	RELIGION:
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EDUCATION: <i>maximum level</i> <input type="checkbox"/> Grade _____ <input type="checkbox"/> Grade 12 <input type="checkbox"/> College <input type="checkbox"/> Some College <input type="checkbox"/> Post Graduate	LANGUAGES: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> Other _____	OCCUPATION: Current _____ Previous _____
Areas of Study: _____		

What childhood diseases did you survive?	ALLERGIES:	MEDICATIONS:
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SKILLS - List ANY skills you have. Nothing is insignificant! (e.g., Electronics, Robotics, CPR/First Aid, Security, Teaching, etc.)

HOBBIES & INTERESTS (e.g., Cooking, Gardening, Carpentry, Home Renovation, etc.)	I LEARN BEST BY: <input type="checkbox"/> Seeing <input type="checkbox"/> Touching <input type="checkbox"/> Hearing
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How did you hear about Vault-tec?

SIGNATURE _____ DATE _____

OVERSEER USE ONLY: