

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

Prior Government Service: Type: Military Service Other Agency N/A

Leave 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 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