stated upon information and belief, and as to those, he (she) believes it to be true.

. . . . . .
Petitioner

Sworn to before me, this . . . . .day of . . . . . .194. .

. . . . . .
(N.P.; J.P.; or Clerk Superior Court)

(Seal) My commission expires. . . . . .

PERSONAL AND FAMILY HISTORY

Name. . . . . .Age. . .Race. . . . .Sex. . . . . .
Home Address. . . . . .County of. . . . . .
Present location. . . . . .
Date of Birth. . . . . Place of Birth. . . . . .
Legitimate. . . . . .Illegitimate. . . . . .
Marital Status: Single. . .Married. .Widowed. .Separated. .Divorced. . .
Education: Illiterate. . .Reads. . .Writes. .Public School Grade Completed. . . . . .
College Work. . . . . .

GIVE NAMES, AGES AND PRESENT LOCATION OF CHILDREN OF PATIENT (INMATE)

NAME	AGE	PRESENT LOCATION
. . . . .	. . . . .	. . . . .
. . . . .	. . . . .	. . . . .
. . . . .	. . . . .	. . . . .

Father's name. . . . . .Address. . . . . .
If dead give: Age at death. . . . Cause of death. . . . . .
Mother's name. . . . . .Address. . . . . .
If dead give: Age at death. . . . Cause of death. . . . . .
If married give: Name of husband or wife. . . . . .
Address. . . . . .
If father and mother are dead and subject is not married give:
Next of kin. . . . . .Address. . . . . .
Has guardian been appointed for this person?. . .If so give Name. . . . .
. . . . . .Address. . . . . .

INSTITUTIONAL RECORD OF PATIENT:

INSTITUTION	CAUSE	DATE ADMITTED	DATE DISCHARGED
. . . . .	. . . . .	. . . . .	. . . . .