

## APPLICANT INFORMATION WORKSHEET (AIW)

RECEIPT #: \_\_\_\_\_ A-NUMBER #: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

LIST ANY OTHER NAMES USED: 1) \_\_\_\_\_  
(i.e. MAIDEN/MARRIED NAME, ALIAS): FIRST MIDDLE LAST  
2) \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

GENDER: (CHECK ONE)

- ☐ MALE  
☐ FEMALE  
☐ OTHER

RACE: (CHECK ONE)

- ☐ ASIAN  
☐ BLACK  
☐ CAUCASIAN / LATINO  
☐ NATIVE AMERICAN  
☐ UNKNOWN

EYE COLOR: (CHECK ONE)

- ☐ BLACK  
☐ BLUE  
☐ BROWN  
☐ GRAY  
☐ GREEN  
☐ HAZEL  
☐ MAROON  
☐ MULTICOLOR  
☐ PINK  
☐ UNKNOWN

HAIR COLOR: (CHECK ONE)

- ☐ BALD  
☐ BLACK  
☐ BLOND OR STRAWBERRY  
☐ BLUE  
☐ BROWN  
☐ GRAY  
☐ GREEN  
☐ ORANGE  
☐ PINK  
☐ PURPLE  
☐ RED OR AUBURN  
☐ SANDY  
☐ WHITE  
☐ UNKNOWN

HEIGHT: \_\_\_\_\_ OR \_\_\_\_\_ WEIGHT: \_\_\_\_\_ OR \_\_\_\_\_  
FEET/INCHES CENTIMETERS POUNDS KILOGRAMS

RETURN "AIW" TO APPLICANT