

The law requires us to collect the following information.

Please complete the following:

1. City_____
2. County_____
3. State_____
4. Zip Code_____
5. Race
 - A. American Indian_____
 - B. Black_____
 - C. White_____
 - D. Asian_____
 - E. Hispanic_____
 - F. Other_____
6. Age_____ Birth Date_____/_____/_____
Month Day Year
7. Married_____
8. Education: Specify only highest grade completed.
Elementary-High School_____ College_____
0-12 1-4 or 5+
9. Pregnancy History
 - A. Children living_____
 - B. Children deceased_____
 - C. Miscarriages_____
 - D. Previous abortions_____ Do not include this one.