



**Personal Data Form**  
**University of the Incarnate Word**  
**Incarnate Word High School**  
**St. Anthony Catholic High School**

PIDM:

Social Security Number:

**Legal Name (Enter name as it appears on Social Security card)**

Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Fr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Sr.	Suffix: <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
First _____	Middle _____	Last _____

**Preferred Name (If different from Legal Name)**

Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Fr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Sr.	Suffix: <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
First _____	Middle _____	Last _____

**Contact Information**

Permanent Address	Street _____	City _____	State _____	Zip Code _____
Mailing Address (Only provide if different than above)	Street or P.O. Box Number _____	City _____	State _____	Zip Code _____
Home Phone Number: ( ) _____	Mobile Phone Number: ( ) _____	Email Address _____		

**Biographical Information**

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth ____ / ____ / ____	Birthplace: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic		Name of Spouse _____	
		Religion: _____	

**Emergency Contact Information**

Name: _____	Phone: ( ) _____	Relationship: _____		
Address	Street or P.O. Box Number _____	City _____	State _____	Zip Code _____

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_