

**7. Family information** *Please type. All information will be kept confidential.***Relationship of family member***(e.g. father, sister, maternal uncle)* \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

☐ Single ☐ Married ☐ Separated ☐ Divorced | Number of Children: \_\_\_\_\_☐ TM technique ☐ Citizen Sidha ☐ Governor of Age of Enlightenment \_\_\_\_\_  
*Other* \_\_\_\_\_Birth Day   Birth Month 

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 Birth Year 

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*Spell out month*Recorded or Confirmed Birth Time 

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 AM PM Daylight Savings Time? 

Yes / No / Not Sure
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*Hours Minutes Seconds (circle one)*

Birth City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

*NOTE: If population of your birthplace is small, please give name of closest town/city with population of 10,000 or more, and its distance and direction from birthplace.*

Source of birth information (hospital, mother, etc.) \_\_\_\_\_

Please comment on accuracy of the birth time \_\_\_\_\_

**Relationship of family member***(e.g. father, sister, maternal uncle)* \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

☐ Single ☐ Married ☐ Separated ☐ Divorced | Number of Children: \_\_\_\_\_☐ TM technique ☐ Citizen Sidha ☐ Governor of Age of Enlightenment \_\_\_\_\_  
*Other* \_\_\_\_\_Birth Day   Birth Month 

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 Birth Year 

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Yes / No / Not Sure
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*Hours Minutes Seconds (circle one)*

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Source of birth information (hospital, mother, etc.) \_\_\_\_\_

Please comment on accuracy of the time \_\_\_\_\_

**Family information continued** (make as many copies of this page as needed for application)**Relationship of family member**

(e.g. father, sister, maternal uncle) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

☐ Single ☐ Married ☐ Separated ☐ Divorced | Number of Children: \_\_\_\_\_☐ TM technique ☐ Citizen Sidha ☐ Governor of Age of Enlightenment \_\_\_\_\_  
Other \_\_\_\_\_Birth Day 

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 Birth Month 

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 Birth Year 

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Yes / No / Not Sure
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Hours Minutes Seconds (circle one)

Birth City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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▶ \_\_\_\_\_

Source of birth information (hospital, mother, etc.) \_\_\_\_\_

Please comment on accuracy of the birth time \_\_\_\_\_

**Relationship of family member**

(e.g. father, sister, maternal uncle) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

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Other \_\_\_\_\_Birth Day 

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 Birth Month 

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Yes / No / Not Sure
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Hours Minutes Seconds (circle one)

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▶ \_\_\_\_\_

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