

MISSOURI GAMING COMMISSION



FANTASY SPORTS CONTEST OPERATOR PERSONAL DISCLOSURE FORM

You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the fantasy sports contest operator's application.

Note: The Commission, notwithstanding the provisions of section 610.110, RSMo., has access to both closed and open records pursuant to section 313.004, RSMo. Please answer all the questions fully and thoroughly.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a) You must make accurate statements and include all material facts.
- b) Notwithstanding the provisions of section 610.110, RSMo, the Commission has access to both open and closed records as provided under section 313.004, RSMo. Please be thorough and complete in response to these questions.
- c) Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question.
- d) All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink.
- e) You must use blue ink to personally initial and date the spaces provided at the bottom of each page of the form.
- f) If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 15 may be used to provide this additional information. You must use blue ink to personally initial and date this form at the bottom of each of these attachment pages.
- g) If you make any modification to the pre-printed questions, format, or information contained in this form, your form will be rejected. Once this form is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

IMPORTANT NOTICES

Persons submitting this form are required to be fingerprinted. This form will not be processed until fingerprints are provided.

You may be required to provide additional information or submit additional forms.

For those persons who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this form. This form will not be processed until proper foreign police clearances are provided.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials. When you need to update information, you can use the appropriate pages from the blank form to provide the information.

II. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:

- a. You have included all required attachments listed in this form.
- b. The verification forms are notarized on the original form.
- c. Every question has been answered completely.
- d. You retain a completed copy of this form for your own records.

III. Please submit one original and one copy of the completed form and all required attachments to:

**Missouri Gaming Commission
3417 Knipp Drive
PO Box 1847
Jefferson City, MO 65102**

Definitions

For the purpose of this form, the terms below shall have the following meanings:

Domestic partnership: A relationship between two adults residing together and sharing a common domestic life through a Civil Union or other type of legal partnership recognized in the state of the person's domicile.

Felony: A criminal offense for which a sentence of imprisonment for one year or more may be imposed under the laws of any jurisdiction, or which is designated a felony by the laws of a jurisdiction.

Individual: Any natural person.


**MISSOURI GAMING COMMISSION
PERSONAL DATA**

SOCIAL SECURITY NO:		DATE OF BIRTH:		INTERNATIONAL ID:	
NAME					
LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX, IF APPLICABLE	
OTHER NAMES USED E.G., MAIDEN NAME, ALL PREVIOUS MARRIED NAMES, ALIASES, AKA (ALSO KNOWN AS)					
ADDRESS (HOME ADDRESS INCLUDING HOME AND MOBILE PHONE INFORMATION)					
STREET ADDRESS, SUITE NO., ETC:					
PO BOX:				HOME PHONE:	
CITY:		STATE:	ZIP CODE:	MOBILE PHONE:	
*PLACE OF BIRTH:		*COUNTRY OF CITIZENSHIP:		GENDER:	
*SEE PAGE 3 FOR THE APPROPRIATE COUNTRY CODE					
EYE COLOR:	HAIR COLOR:	ETHNIC ORIGIN:	HEIGHT:		WEIGHT:
			FT	IN	LBS
DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.					
FANTASY SPORTS CONTEST OPERATOR					
COMPANY NAME:					
JOB TITLE:					

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
AA	Albania	EL	El Salvador	LC	Miles Lacs	PR	Puerto Rico	VT	Vermont
AB	Alberta	EM	East Germany	LD	Moldova	PS	Saint Pierre and Miquelon	VV	Saint Vincent and the Grenadines
AD	Andorra	EN	England	LE	Lesotho	PT	Portugal	VY	Valican City
AE	Anguilla	EO	Ethiopia	LF	Slovakia	PU	Peru	VZ	Venezuela
AF	Afghanistan	ER	Europa Island	LH	Lithuania	PV	Paraguay	WA	Washington
AG	Aguascalientes	ES	Estonia	LI	Liechtenstein	QA	Qatar	WE	White Earth
AI	Antiqua and Barbuda	ET	Eretria	LL	Leech Lake Band of Chippewa	OR	Quintana Roo	WF	Wallis and Futuna
AJ	Aruba (Now Independent)	EU	Ecuador	LN	Lebanon	OU	Queretaro	WG	West Germany (Includes West Berlin)
AK	Alaska	EY	Egypt	LO	Slovenia	RA	Russia	WI	Wisconsin
AL	Alabama	EZ	Czech Republic	LP	Lac Du Flabeau-Band of Lake Superior	RB	Republic of Congo, Brazzaville	WK	Wake Island
AM	American Samoa (Islands)	FA	Falkland Island	LS	Loas	RC	Peoples Republic of China	WL	Wales
AN	Algeria	FD	Fond Du Lac	LT	Latvia	RE	Reunion	WN	West Indies
AO	Angola	FC	Finland	LU	Saint Lucia	RF	Russian Federation	WS	Western Samoa
AP	Armenia	FG	French Guiana	LX	Luxembourg	RG	Gibraltar	WV	West Virginia
AQ	Azores Islands	FJ	Fiji	LY	Libya	RH	Rhodesia	WY	Wyoming
AR	Arkansas	FL	Florida	MA	Massachusetts	RI	Rhode Island	YE	Yemen Arab Republic (Capital/Sana)
AS	Australia	FN	France	MB	Manitoba	RL	Red Lake Indian Agency	YG	Yugoslavia
AT	Argentina	FO	Faroe Islands	MC	Michoacan	RR	Montserrat	YO	Mayotte, Territorial Collect
AU	Austria	FP	French Polynesia	MD	Maryland	RS	Western Sahara (Formerly Spanish)	YT	Yukon (Territory)
AV	Azerbaijan	FR	French Southern & Antarctic Islands	ME	Maine	RU	Romania/Rumania	YU	Yucatan
AW	Staint Kitts-Nevis-Anguilla (Ref)	FX	Sac & Fox	MF	Malawi	RW	Rwanda	YY	Other Foreign Country
AZ	Arizona	GA	Georgia	MG	Mongolia	RY	Republic of Yemen	ZA	Zacatecas
BA	Baja California (Northern Section)	GB	Gabon	MH	Marshall Islands	SA	Sierra Leone	ZB	Martinique
BB	Barbados	GC	Greece	MI	Michigan	SB	Saudia Arabia	ZC	Surinam
BC	British Columbia	GD	Georgia	MJ	Monaco	SC	South Carolina	ZD	Macedonia
BD	Bahamas	GE	Germany	MK	Mariana Islands	SD	South Dakota	ZI	Canary Islands
BE	Bahrain/Bahrein	GF	Guemsey	ML	Mali	SE	Seychelles	ZM	Zambia
BF	Bassas Da India	GG	Ghana	MM	Mexico (When Mexican States Unknown)	SF	South Africa	ZO	Mozambique
BG	Belgium	GI	Guinea	MN	Minnesota	SG	Senegal	ZR	Zaire (Was Congo Kinshasa)
BH	Belize (Was British Honduras)	GJ	Grenada	MO	Missouri	SH	San Marino		
BI	Burundi	GK	Gambia	MP	Malagasy Republic (Includes Madagascar)	SI	Sinaloa		
BJ	Baja California Sur (Southern Section)	GL	Gilbert and Ellice Islands	MQ	Morocco	SJ	Southwest Africa (Namibia)		
BL	Bangladesh	GM	Guam	MR	Morelos	SL	San Luis Potosi		
BM	Bermuda	GN	Greenland	MS	Mississippi	SM	Somailia		
BN	Bhutan	GO	Glorioso Islands	MT	Montana	SN	Saskatchewan		
BO	British Indian Ocean Territory	GP	Guadeloupe	MU	Mauritania	SO	Sonora		
BP	Bosnia and Hercegovena	GR	Guerrero	MV	Maldives	SP	Spain		
BQ	Bouvet Island	GS	South Georgia & South Sandwich	MW	Midway Islands	SQ	Sweden		
BR	Burma	GT	Guatemala	MX	Mexico (State)	SR	Singapore		
BS	Solomon Island (Formerly British)	GU	Guanajuato	MY	Malta	SS	Scotland		
BT	Botswana	GY	Guyana	MZ	Malaysia	ST	Southern Yemen		
BU	Bulgaria	HD	Honduras	NA	Nayarit	SU	Sudan		
BV	Bolivia	HI	Hawaii	NB	Nebraska	SV	Svalbard		
BW	Balearic Islands	HK	Hong Kong	NC	North Carolina	SW	Swaziland		
BX	Brunei	HL	Hidalgo	ND	North Dakota	SX	Soviet Union (USSR) (Refer Only)		
BY	Byelarus	HN	Vanuatu (Formerly New Hebrides)	NE	Netherlands (Holland)	SY	Syria		
BZ	Brazil	HS	Saint Helena	NF	Newfoundland (Includes Labrador)	SZ	Switzerland		
CA	California	HT	Haiti	NG	Nigeria	TA	Tamaulipas		
CB	Columbia	HU	Hungary	NH	New Hampshire	TB	Tabasco		
CC	Cuba	IA	Iowa	NJ	Northern Ireland	TC	United Arab Emirates		
CD	Canada	IB	Man, Isle	NI	New Jersey	TE	Spratlly Islands, Tongareva Island		
CE	Campeche	IC	Iceland	NK	New Brunswick	TF	Tuamotu Archipelago		
CF	Chad	ID	Idaho	NL	Nuevo Leon	TG	Tonga		
CG	Caroline Islands	IE	Ireland	NM	New Mexico	TH	Thailand		
CH	Chihuahua	II	India	NN	Nigeria	TI	Timor, Portugese		
CI	Chiapas	IL	Illinois	NO	Papua New Guinea (Was New Guinea)	TJ	Tajikistan		
CJ	Cambodia (Khmer Republic)	IM	Madeira Islands	NP	Nepal	TK	Tokelau		
CK	Czechoslovakia	IN	Indiana	NQ	New Caledonia	TL	Tlaxcala		
CL	Colima	IO	Indonesia	NR	Nauru	TM	Tromelin Island		
CM	Cameroon	IQ	Iraq	NS	Nova Scotia	TN	Tennessee		
CN	China	IR	Iran	NT	Northwest Territories	TO	Togo		
CO	Colorado	IS	Israel	NU	Nicaragua	TP	Sao Tome and Principe		
CP	Cayman Islands	IT	Italy	NV	Nevada	TQ	Tongareva		
CO	Chile	IU	Niue	NW	Norway	TR	Turks and Calcos Islands		
CR	Costa Rica	IX	Menominee Indian Nation	NX	Netherlands Antilles	TS	St. Christopher (Kitts) and Nevis		
CS	Cyprus	IY	Cote D'Ivoire Republic	NY	New York	TT	Trinidad and Tabago		
CT	Connecticut	JA	Japan	NZ	New Zealand	TU	Tunisia		
CU	Coahuila	JE	Jersey	OA	Oaxaca	TV	Tuvalu		
CV	Cape Verde Islands	JI	Johnston Islands	OC	Macau (Formerly Macao)	TW	Taiwan, Republic of China		
CW	Central African Republic	JL	Jalisco	OF	Norfolk Island	TX	Texas		
CY	Sri Lanka (Was Ceylon)	JM	Jamaica	OH	Ohio	TY	Turkey		
CZ	Canal Zone	JN	Jan Mayen	OI	Okinawa	TZ	Tanzania, United Republic of		
DB	Clipperton Island	JO	Jordon	OK	Oklahoma	UG	Uganda		
DC	District of Columbia	JU	Juan De Nova Island	OM	Oman	UK	Ukraine		
DD	Cocos (Keeling) Islands	KB	Kirbati	ON	Ontario	UM	Maruritius		
DE	Delaware	KC	Croatia	OR	Oregon	UR	Turkemenistan		
DF	Distrito Federal	KE	Kenya	OS	Oglala Sioux	US	USA (US Government/US Military)		
DG	Comoros	KH	Mananhiki Island	OT	Oneida Tribe of Indian of Wisconsin	UT	Utah		
DH	Benin	KN	North Korea	PA	Pennsylvania	UV	Burkina Faso (Formerly Upper Volta)		
DI	Cook Islands	KO	South Korea	PB	Puebla	UY	Uruguay		
DJ	Coral Sea Islands	KP	Shakopee	PC	Pitcairn, Henderson, Ducia, Oeno Island	UZ	Uzbekistan		
DK	Denmark	KS	Kansas	PD	Palau, Republic	VA	Virginia		
DM	Dmoninica	KT	Kazakhstan	PE	Prince Edward Island	VB	British Virgin Islands		
DN	Djibouti	KU	Kuwait	PG	Guinea-Bissau (Portugese Guinea)	VC	Veracruz		
DO	Durango	KW	Kiowa	PI	Philippines	VI	US Virgin Islands		
DR	Dominican Republic	KY	Kentucky	PK	Pakistan	VN	North Vietnam		
DU	Ducie Islands	KZ	Kyrgyzstan	PM	Panama	VS	South Vietnam		
EE	Absentee Shawnee	LA	Louisiana	PO	Poland				
EK	Equatorial Guinea	LB	Liberia	PQ	Quebec				

IMPORTANT

**AFFIX A COLOR
PHOTOGRAPH
HERE THAT WAS TAKEN
WITHIN
THE PAST SIX MONTHS.**

**AFFIX A COPY OF YOUR
DRIVER LICENSE.**

RESIDENCE DATA

1. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) within the last ten (10) years.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)
FROM: (MO/YR)	TO: (MO/YR)	

2. Have you ever made application for, been granted or held, currently have pending, or had denied a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of fantasy sports contest operation? You must answer "YES" to this question if your application was returned to you for any reason, or you withdrew your application from consideration.

Yes No

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER	NAME OF APPLICANT

3. Have you, within the last ten (10) years, been tried by military court martial or have you had charges* filed against you?

Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

* Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you may have committed within the last ten (10) years. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include infractions, traffic violations, or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

INSTRUCTIONS:

1. Answer "YES" and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail;
 - F. The charges or offenses happened a long time ago.
 - G. If any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency; or
 - H. You have an SIS (Suspended imposition of sentence from any pleas or) conviction.
 - I. Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records.

IMPORTANT

Missouri Gaming Commission investigators will make inquiries to establish whether you have had any involvement with law enforcement agencies.

4. Have you, within the last ten (10) years:

a. pled guilty or been convicted of any **offense** (see definition) in any jurisdiction; or

Yes No

b. been arrested or charged with any crime or **offense** (see definition) in any jurisdiction?

Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

5. Within the last ten (10) years, has a criminal indictment, information, or complaint been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

7. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial your application at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

VERIFICATION

STATE/PROVINCE OF: _____

SS:

COUNTY/PARISH/DISTRICT OF: _____

I _____, being duly sworn according to law deposes and says:
(Name)

1. I am the person who is submitting this form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this form.
4. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true, complete, and accurate to the best of my knowledge.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 20_____

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____
(Name)

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed officer of the Missouri Highway Patrol or investigator with the Missouri Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.
2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed officer of the Missouri Highway Patrol or investigator with the Missouri Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.
3. I do hereby make, constitute, and appoint any duly appointed officer of the Missouri Highway Patrol or investigator with the Missouri Gaming Commission my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
 - (c) To place the name of the Missouri Highway Patrol officer or Missouri Gaming Commission investigator presenting this request in the appropriate location on this request.
4. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
5. This power of attorney ends twenty-four (24) months from the date of execution.
6. I do, for myself, my heirs, executors, administrator, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim, to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.
7. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

8. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____, _____
(City) (State)

on the _____ day of _____, 20____

(Signature)

Subscribed and sworn to before me this _____ day of _____, 20 _____

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the county of _____

State of _____

**MISSOURI DEPARTMENT OF REVENUE
AUTHORIZATION AND RELEASE**

I, _____, born at
(City) _____, (County) _____
(State) _____, on (Date) _____, and now residing at
(Street) _____, (City, State & Zip) _____,

hereby consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent date, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosure of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I, along with my spouse/domestic partner/partner in legal civil union (Name) _____, hereby release, discharge and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

Signature

Spouse/Domestic Partner/Partner in Legal Civil Union Signature

Social Security Number

Spouse/Domestic Partner/Partner in Legal Civil Union
Social Security Number