

## WORCESTER WOMEN'S ORAL HISTORY PROJECT BIO SHEET

Name:	Date:
Address:	
Phone:	Email:
Date of birth: Birth	nplace:
Children: Yes / No (If yes) Names/Age	es
Grandchildren: Yes / No (If yes) Names/	Ages
Marital status: Single Married	Separated Divorced
What (if any) other names have you used	1?
Spouse/Partner's name (if applicable): _	
Mother's name:	
Mother's birthplace:	
Father's birthplace:	
Siblings: # brothers # sisters \	Where you fall in the order:
Racial/ethnic background:	
Religious affiliation (if applicable):	
Current/Former employer and position: _	
Military Experience/Rank	
What is your connection to Worcester? (  Born here (neighborhood/street)	Check all that apply)
☐ Grew-up here (year) (neighbor	rhood/street)
☐ Moved here later (year) (neigh	lborhood/street)
☐ Work here (year) (job)	
☐ Went or go to school here (vear)	(school)