

**WORCESTER WOMEN'S ORAL HISTORY PROJECT
BIO SHEET**

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Date of birth: _____ Birthplace: _____

Children: Yes / No (If yes) Names/Ages _____

Grandchildren: Yes / No (If yes) Names/Ages _____

Marital status: Single Married Separated Divorced

What (if any) other names have you used? _____

Husband/Partner's name (if applicable): _____

Mother's name: _____

Mother's birthplace: _____

Father's name: _____

Father's birthplace: _____

Siblings: # brothers ____ # sisters ____ Where you fall in the order: _____

Racial/ethnic background: _____

Religious affiliation (if applicable): _____

Current/Former employer and position: _____

What is your connection to Worcester? (Check all that apply)

- Born here (neighborhood/street) _____
- Grew-up here (year) _____ (neighborhood/street) _____
- Moved here later (year) _____ (neighborhood/street) _____
- Work here (year) _____ (job) _____
- Went or go to school here (year) _____ (school) _____