

**OMBUDSMAN FAMILY INFORMATION FORM**

**PSU 305**

SPONSOR'S NAME \_\_\_\_\_

SPONSOR'S SOCIAL SECURITY NUMBER \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CHILDREN \_\_\_\_\_

\_\_\_\_\_

PRIMARY NEXT OF KIN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

SECONDARY NEXT OF KIN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_