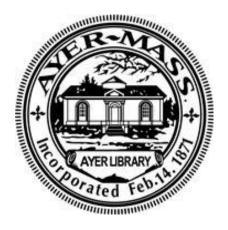




Ayer Oral History Project Biography Sheet

Name:			Date:		
Address:					
Phone:					
Email:					
Date of birth:					
Birthplace:					
Children: Yes / No (If yes) N	Names/Ages _				
Grandchildren: Yes / No (If yes) Names/Ages					
Marital status: Single N	⁄Iarried	_ Separated	Divorced	_ Widowed	
What (if any) other names have you used?					
Spouse/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:
Military Experience/Rank
What is your connection to Ayer? (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)



Contact Us:

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