

**NTPR**

NUCLEAR TEST PERSONNEL REVIEW  
Information Form

Key No.: \_\_\_\_\_

\_\_\_\_\_ M \_\_\_\_\_ F  
Last Name First Middle Title Sex

\_\_\_\_\_ City State Zip Code  
Mailing Address

TELEPHONE#: ( ) SOCIAL SECURITY#: \_\_\_\_\_

DATE OF BIRTH: / / PLACE OF BIRTH: City State  
MM DD YY

TEST OPERATION or OCCUPATION FORCES: \_\_\_\_\_

TEST LOCATION or OCCUPATION AREA: \_\_\_\_\_

TEST or OCCUPATION DATE: \_\_\_\_\_

UNIT ASSIGNED DURING TEST or OCCUPATION: \_\_\_\_\_

BRANCH OF SERVICE: SVC#: RANK: \_\_\_\_\_

CALLER'S NAME? (Other than participant's)					
_____	_____	_____	_____	M _____ F _____	_____
Last	First	MI	Title	Sex	
DECEASED? Yes _____ No _____ DATE: _____					
CALLER'S RELATIONSHIP TO PARTICIPANT: _____					
TO WHOM SHOULD THE MAIL BE SENT? Participant _____ Caller _____					

PURPOSE OF CALL: \_\_\_\_\_

HOW CALLER HEARD OF PROGRAM: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE: T \_\_\_\_\_ R \_\_\_\_\_ Time start \_\_\_\_\_ Time end \_\_\_\_\_

RECORDER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_