

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 _____ Sex
Last	First	MI	Title	
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: _____