

| | | |
|--|-----------------------------|----------------------|
| NARRATOR INFORMATION FORM | | OH# _____ |
| PROJECT NAME: Chinese American Oral History Project | | |
| NARRATOR'S FULL NAME: | CONTACT Phone: _____ | |
| | Email _____ | |
| RACE/ ETHNICITY: | DATE OF BIRTH: | |
| GENDER: F M Other | BIRTHPLACE: | |
| <p>1. Maternal Grandparents:</p> <p>2. Paternal Grandparents:</p> <p>3. Father's Name:</p> <p>4. Mother's Name:</p> <p>5. Sibling's Name(s) and Year of Birth:</p> <p>6. Language(s) Spoken at Home:</p> <p>7. Neighborhood where you grew up:</p> <p>8. Education:</p> <p>9. Occupation(s):</p> <p>10. Spouse's Name:</p> <p>11. Children's name(s)/ Year of Birth:</p> <p>12. Current City of Residence:</p> | | |
| Additional Biographical Information: | | |
| <p>Please list any proper/place names and all idiomatic words/phrases you think the researcher may have difficulty spelling or understanding:</p> | | |
| Date: | Time: | Language Preference: |
| Location: | | |