



Demographic Information Slip

Please provide the following information to help with the blood donor registration process. Thank you.

Please print legibly.

Date of Birth:	Last 4 Digits of Social Security Number:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Last Name:	First Name:	Middle Name:
<i>Please provide an address where you can receive mail for at least the next 8 weeks.</i>		
Mailing Address:		
City:	State:	Zip:
Home Phone:		
Work Phone:	Extension:	Is it okay to contact you at this number when we need your blood type? <input type="checkbox"/> Yes <input type="checkbox"/> No (BBA will keep your information confidential.)
Email:		Employer:
Have you ever registered with Blood Bank of Alaska at a collection center or off-site blood drive using another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please list name(s) used: _____		
Please identify your ethnic heritage. <i>Select only one category.</i>		
<input type="checkbox"/> Asian or Pacific Islander (A)	<input type="checkbox"/> Hispanic (H)	<input type="checkbox"/> Other (O)
<input type="checkbox"/> African American (B)	<input type="checkbox"/> Multiracial (M)	<input type="checkbox"/> Do Not Ask (X)
<input type="checkbox"/> Caucasian (C)	<input type="checkbox"/> Native American or Alaska Native (N)	
Blood Bank of Alaska Use Only		
Mobile Staff Use Only:	Alternate ID:	Alternate ID Type:
Reviewed in LifeTrak/Donor By:		Date: