

# FORMS and YOU

Revised Edition

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#### **4-8. DRIVING FORMS**

These forms are for various driving privileges: operator's license, vehicle title, and international permit, plus making necessary changes. Further information about each form may be obtained from your local AAA office, driver training personnel, or public safety department. These forms vary from state to state, but the basic information required is the same.

#### **VOCABULARY**

- consent — permission
- duplicate — an exact copy
- husbandry — farming
- in loco parentis — in the place of a parent
- lien — an interest in property to secure a debt
- mandatory — required
- notarized — signed by a notary public who vouches for your signature
- revoked — taken away indefinitely
- suspended — taken away for a given period of time

#### **ACTIVITIES**

1. Have students research and report on your state's laws concerning driving, including when the first driving tests were given and what these tests involved.
2. Have a motor club official or public safety officer speak to the class about driving and the law.

#### **9. COLLEGE BOARD ADMISSION TESTING APPLICATION (SAT)**

This is the application form students must fill out in order to take the college entrance examination. An incorrectly filled out form may hold up a student's admission to college. The school guidance counselor is a good source of additional information about this form. For activities, see 10-11 following.

#### **10, 11. COLLEGE ADMISSION APPLICATION**

The student fills out this form in order to be admitted to college. The form in this package is for a small state college. It will serve as an example of the information usually required. A nonrefundable fee must accompany this application. Students must also see that their high school transcripts and SAT or ACT scores are sent to the college admissions office. Application forms from nearby colleges and universities may be obtained to offer a more complete sampling.

**ACTIVITY** (for both college-related forms)

Invite a guidance counselor or college admissions person to visit the class. This person can explain the importance of the various forms, how they are evaluated, common errors, and other items of interest. This should be done before college-bound students actually fill out these forms in order to prepare them to handle the forms successfully.

**12. FORMS FOR SAVINGS AND CHECKING ACCOUNTS****A. Checking Account Application**

This form is used to open a checking account if the bank accepts the account. A checking account provides a safe place to keep money, a faster way to pay bills (by mail instead of by personal delivery), and a record of what has been spent and deposited. Once the bank accepts the application, an account number is assigned.

**VOCABULARY**

account number — a number given to the account holder and put on the holder's checks and deposit slips as a means of identification

title of account — your name, or names if the account is joint  
survivor — person entitled to the balance of money in your account if you should die

depositor — person entitled to put money into the account

initial deposit — first sum of money put into the account  
(some banks require a certain amount)

**B. Savings Account Application**

This form will entitle the applicant to save money and to earn interest on an account. Savings add up fast if deposits are made regularly. The student may withdraw money when it is needed or may transfer money to his or her checking account. However, stress that the primary advantage of a savings account is to save money long enough to earn interest on it.

**C-D. Checks and Deposit Slips**

These forms are used after the student opens a checking account. Emphasize the importance of keeping accurate records of the money put into the account and taken from the account. Explain that personal checking account records may determine future business with the bank and other institutions. Deposit slips show the date and amount of money put into the account. The student writes a check when he or she wishes to pay for something. The checkbook has a place to keep a record of deposits and checks written.

where the recruiting office is located. In small cities the armed forces often work at post offices on certain days. A detailed instruction sheet comes with the application. Many students who want special training, but cannot afford the schooling, join the armed forces. The armed forces provide this training plus food, clothing, pay, and insurance. In order to join, a student must be a high school graduate. This form has been shortened, and the student should be given the information about the missing parts.

*Part II.* Examination and Enlistment Data Processing Codes — *for office use only* — on page 1 are omitted because they are not used by the applicant.

*Part III.* Number 27a, Previous Military Service, on page 2 is omitted because it is not filled in by the applicant.

*Part IV.* Numbers 37 through 41 are printed following these notes on page xxii. They can be used on an overhead projector and discussed so that students know what is asked, but they should not be filled out in class due to the personal nature of the information requested.

### VOCABULARY

adjudication — a decision or sentence by a judge

certification — a written statement that something is true

civilian — one who is not in the armed services

component — a part of something

conscientious objector — one who refuses for moral or religious reasons to serve in the armed forces

dependents — people who rely on someone for support

derived citizenship — citizenship granted to a foreign-born child who becomes a citizen when his or her parents become citizens

naturalized citizen — foreign-born person who becomes a citizen

verification — proof that something is true

### ACTIVITY

Have a recruiting officer speak to the class and answer questions.

## 29-32. APPLICATIONS FOR VARIOUS FORMS OF INSURANCE

People usually buy insurance to protect themselves from unexpected mishaps — accidents, surgery, fire, theft. Various kinds of insurance can help ease financial burdens. Insurance needs vary from person to person, so it is important to have an insurance representative you can trust. Applicants should get information from a reliable source on various insurance companies before they buy a policy.

## VOCABULARY

- annuity — an amount payable regularly or yearly  
coverage — what your insurance will pay for  
felony — a crime that can be punished by a jail term of more than one year  
habitational — residential; used as a home  
impairment — physical injury or handicap  
lienholder — person with an interest in property to secure a debt  
misdemeanor — a crime less serious than a felony  
policy — written contract  
premiums — money you pay for insurance  
(revocable) beneficiary — person who receives the money if the insured person dies; if a beneficiary is revocable, the insured can name a new beneficiary at any time  
(revocable) contingent beneficiary — person who receives the money if the first beneficiary is dead

## ACTIVITIES

1. Ask students to find consumer reports on several kinds of insurance and various individual insurance companies. Then have them compose pertinent questions that they would ask an insurance representative before buying a policy.
2. Ask an insurance representative from each area of insurance to speak in a panel discussion for your class. (Students may want to use their questions from Activity 1 for this activity.)

## 33-35. TRAFFIC ACCIDENT REPORT AND SWORN STATEMENT IN PROOF OF LOSS

These reports could be used in conjunction with the insurance forms (perhaps as a mini-unit). The accident report is filled out by persons involved in a traffic accident when a police officer is not present; otherwise, the officer makes his or her own report. (This procedure will vary from state to state.)

Many students will enjoy using their imaginations to create the details required to fill in the forms. Some teachers will find it helpful, however, to provide information for student use. Here is the information developed for use with these forms by one teacher, Richard Greene of Roanoke Rapids, North Carolina:

Mr. John Smith of Roanoke Rapids, N.C., was in Commonwealth, Pennsylvania, on a visit. The weather on Wednesday, June 7, 1978, was rainy as he traveled south on Gene Street. All of a sudden, he had to turn to the left to avoid hitting a pedestrian, Mary King. In the process, he hit an oncoming car being driven by Mary Tokas. Mr. Smith's car landed in Mr. Claude Homer's yard, damaging his fence. As a result of the mishap, Mr. Smith had to

file an accident report in the state of Pennsylvania. Mr. Smith, whose address is 708 Roanoke Avenue, was driving a 1978 Ford LTD. His driver's license number was 3539-687980—vehicle license no. LSP 1789. He has insurance with Allstate Insurance Company—policy number 3384861—effective January 1978. The estimated damage to his car was \$500.00. Mr. Smith hit Mary Tokas's 1978 Ford Pinto, resulting in \$200.00 worth of damage. Her operator's license number was 836215 in the state of Pennsylvania. Mrs. Tokas's vehicle license number was JKL 6321—also in Pennsylvania. She was born on June 9, 1944. She resides at 181 North Street in Commonwealth. As her and Mr. Smith's cars collided, a pedestrian, Mrs. Mary King, was injured. She resides at 851 North Avenue in Commonwealth. Property damage resulted with a broken fence belonging to Mr. Claude Homer of 761 Gene Street—damage estimated at \$300.00. Mr. Smith reported that all of this happened at 1 P.M., a mile north of the intersection of Gene and South streets. Mr. Smith's accident was investigated by the Commonwealth Police Department in the county of Merdex, Pennsylvania. Mr. Smith was born on August 4, 1935.

#### *VOCABULARY*

depreciation — a lowering from the original value of something  
salvage — the use or value left in something

### **36. VOTER'S REGISTRATION**

In order to exercise one's right to vote, a person first must register. Voter's registration forms vary from place to place, but require the same basic information. In order to register, one must be eighteen years of age. Some states require a person to be a resident of the state for a given number of days (usually thirty or sixty, but laws vary from state to state). A person can register at the county courthouse, or the city or town hall, or sometimes at other designated places.

#### *VOCABULARY*

elector — the voter  
derivative naturalization — becoming a citizen because of one's parent's or spouse's citizenship  
party affiliation — political party with which one is connected (for instance, Republican or Democratic)  
personal naturalization — becoming a citizen on one's own  
precinct — subdivision of a city (where one would vote)  
registrar — person who registers voters  
ward — subdivision of a city



*ACTIVITIES*

1. Ask students to study the Voting Rights Act and find out why it was introduced in the mid-1960's. A controversy arose in 1982 when this act was due for an extension. Have students read articles about the controversy and come prepared to class to discuss it.
2. A social science teacher could explain your state's voting procedures, or students could research the project themselves. You might start them out with some questions, such as: What does my vote do in a primary election? In a local election? If I move, how and when can I vote? What is an absentee ballot?

**37. PASSPORT APPLICATION**

If a student wishes to travel outside the United States, he or she will probably need a passport. Schools sometimes take students to foreign countries to enrich them and to promote better understanding between countries. The application for a passport can be obtained at the county courthouse, the post office, or through a reliable travel agency. Passport applications must be submitted with (1) proof of United States citizenship; (2) proof of identity; (3) two photographs; (4) passport and execution fees.

*VOCABULARY*

naturalized - became a citizen

*ACTIVITIES*

1. Ask students to find out what countries prohibit or restrict travel by their citizens. Discuss the political reasons for travel exchange, or lack of it, among countries.
2. Have students, teachers, or parents speak about traveling experiences.

**38,39. MARRIAGE FORMS**

Whether the wedding ceremony is performed by a clerical or secular person, everyone who plans to get married must get a marriage license. Laws pertaining to marriage vary from state to state, but most require a blood test, a license from the county or municipality, and a ceremony performed by a proper authority. When a minor wants to get married, he or she must have written (and notarized) permission from his or her parent or guardian.

*VOCABULARY*

notarized — signed by a notary public who vouches for your signature

officiant — the official performing an act or ceremony

ward — a person who is cared for by a guardian

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**COLLEGE ADMISSION APPLICATION**

25. Have you attended another college? \_\_\_\_\_ If "yes" list name(s) of institution(s)

Name	Location	Dates Attended	College Board Code No.	Full Time	Part Time
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Reason(s) for wishing to transfer? \_\_\_\_\_  
 \_\_\_\_\_

27. Date you took your Junior Year SAT? Mo  Yr

28. Date you took (or plan to take) your Senior Year SAT? Mo  Yr

29. Date you took (or plan to take) your ACT? Mo  Yr

30. Do you have any health condition of which this college should be aware if you are admitted?  
 Yes  No  If "yes" please explain \_\_\_\_\_  
 \_\_\_\_\_

31. Check the appropriate blocks for high school activities in which you participated and for activities in which you expect to participate while in college.

	H.S.		College		H.S.		College
Debating	<input type="checkbox"/>	(10)	<input type="checkbox"/>	Lacrosse	<input type="checkbox"/>	(23)	<input type="checkbox"/>
Dramatics	<input type="checkbox"/>	(11)	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	(24)	<input type="checkbox"/>
Student Gov't	<input type="checkbox"/>	(12)	<input type="checkbox"/>	Golf	<input type="checkbox"/>	(25)	<input type="checkbox"/>
Band	<input type="checkbox"/>	(13)	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	(26)	<input type="checkbox"/>
Orchestra	<input type="checkbox"/>	(14)	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	(27)	<input type="checkbox"/>
Majorette	<input type="checkbox"/>	(15)	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	(28)	<input type="checkbox"/>
Yearbook	<input type="checkbox"/>	(16)	<input type="checkbox"/>	Softball	<input type="checkbox"/>	(29)	<input type="checkbox"/>
School Paper	<input type="checkbox"/>	(17)	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	(30)	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	(18)	<input type="checkbox"/>	Cheerleader	<input type="checkbox"/>	(31)	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	(19)	<input type="checkbox"/>	Class Officer	<input type="checkbox"/>	(32)	<input type="checkbox"/>
Football	<input type="checkbox"/>	(20)	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	(33)	<input type="checkbox"/>
Track	<input type="checkbox"/>	(21)	<input type="checkbox"/>	Field Archery	<input type="checkbox"/>	(34)	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	(22)	<input type="checkbox"/>	Chorus	<input type="checkbox"/>	(35)	<input type="checkbox"/>
			Other: _____		<input type="checkbox"/>		

32. List any honors received in the above activities \_\_\_\_\_

I certify that the information provided is correct. I further certify that, if accepted, I will abide by the rules and regulations set forth by Lock Haven State College.

\_\_\_\_\_  
 Signature of Applicant Date

**To the Principal, Headmaster, or Guidance Counselor:**

The applicant should have submitted to you the *complete* application, consisting of Section I (personal information), Section II (Secondary School form or your equivalent form), the Applicant Index Card and a \$10 check.

Please submit all sections of the application to the Office of Admissions, Sullivan Hall, Lock Haven State College, Lock Haven, Pennsylvania 17745. (Section III, the Medical Examination Report, is to be submitted by the examining physician.)

## APPLICATION FOR LIFE INSURANCE

**APPLICATION  
FOR INSURANCE**

**PART  
1**

Philadelphia Life Insurance Company  
Philadelphia, Pennsylvania 19107

The Applicant hereby makes application to Philadelphia Life Insurance Company for a policy or policies of insurance and represents that the statements and answers set forth below, by whomsoever written, are full, complete and true to the best of Applicant's knowledge and belief and agrees that they shall be considered as the basis of any insurance which may be issued hereon.

### COMPLETE THIS SECTION FOR ALL POLICIES

1. Print Full Name and Residence Address of Proposed Insured.  M  F

.....  
First Middle Last  
 .....  
No. Street  
 .....  
City and State ZIP Code

2. Date of Birth Age Nearest State of Birth Marital Status  
 Month, Day, Year Birthday.....

3. Occupation.....  
 Other occupations.....

4. Life Insurance and Annuities in force (if none, so state)

Company	Amount	Year Issued	Acc. Death Benefit	Disability Income

Health Insurance in force (if none, so state)

Company	Monthly Amount	Waiting Periods	Benefit Periods	Issue Date

Total AD & D benefit carried \$.....

5. Is this insurance (or annuity) intended to replace or change insurance (or annuities) in this or any other company? Yes No  
 (If "yes" explain under Remarks).....

6. GENERAL INFORMATION (Include all family members to be insured.) If answered "Yes" give details under "REMARKS", and name of person to which question applies. HAS ANY PERSON proposed for coverage:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. ever been deferred, rejected or discharged from military service because of a physical or mental condition?.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ever requested or received a pension, benefits, or payment because of an injury, sickness or disability?.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. contemplated flying or flown as pilot, student pilot or crew member during the last two years? (If "yes," complete Aviation Supplement.).....     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. had any application or policy for life or health insurance declined, special rated, restricted, postponed, canceled or reinstatement denied?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. currently applied for or had a life or health application pending in any other company?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

**REMARKS:**

7. Beneficiary: Print full names and relationship to Proposed Insured.

Contingent Beneficiary, if any

Does owner reserve right to change beneficiary?  Yes  No

8. Owner: Print name, address and relationship if other than Proposed Insured.

9. Total amount of premium submitted herewith \$.....  
 Indicate premium allocation:  
 Life \$..... Accident & Sickness \$..... Annuity \$.....

### COMPLETE THIS SECTION FOR POLICY OF LIFE INSURANCE

10. Life Insurance Applied For (Use Ratebook Description)

Amount \$..... Plan.....  
Basic Plan Only No. of Years

Non-Participating  Participating

Additional Riders

- Supp. Term \$.....  
 Family Income Rider \$..... for..... years  
 Home Guardian Rider \$..... for..... years  
 Business Guardian Rider \$..... for..... years  
 Family Term Rider  One Parent Family Rider \$.....  
 Purchaser Benefit  Death only  Death and Disability  
 Other.....

351.22 72

11. Additional Benefits Applied For

- Waiver of Premium Benefit  
 Accidental Death Benefit \$.....  
 Guaranteed Insurability Option \$.....  
 Monthly Disability Income \$.....

12. Premium Mode (Minimum premium is \$5.00)

- Annual  Semi-Annual  Quarterly  Monthly  
 Other.....

13. Dividends (if participating)

- Cash  Reduce Premiums  Paid-up Additions  Accumulate

14. Automatic Premium Loan Provision will be included in policy unless otherwise indicated here.....  No

VOTER'S REGISTRATION

<b>NAME</b>	<b>NO.</b>	<b>STREET</b>	<b>WARD</b>	<b>PRECINCT</b>
<b>OCCUPATION</b>	<b>ROOM, APARTMENT FLAT, FLOOR OCCUPIED</b>	<b>POST OFFICE ADDRESS</b>		
<b>DATE RESIDENCE IN ELECTION DISTRICT BEGAN</b>		<b>DESIGNATION OF POLITICAL PARTY FOR PRIMARY VOTE</b>		
		<b>YEAR</b>	<b>PARTY AFFILIATION</b>	<b>YEAR</b>
		<b>PARTY AFFILIATION</b>		
<b>PLACE OF LAST REGISTRATION</b>				
CITY, TOWN OR BOROUGH		STATE		
NO.		STREET		YEAR
<b>PLACE OF BIRTH</b>		<b>SEX</b>		
STATE OR TERRITORY OF THE UNITED STATES OR FOREIGN COUNTRY		COLOR		
<b>PERSONAL NATURALIZATION</b>				
DATE		COURT		
<b>PLACE</b>		<b>CERTIFICATE NO.</b>		
<b>DERIVATIVE NATURALIZATION</b>				
<input type="checkbox"/> FATHER		<input type="checkbox"/> MOTHER		<input type="checkbox"/> HUSBAND
<b>DOES ELECTOR REQUIRE ASSISTANCE TO VOTE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>PHYSICAL DISABILITY</b> <input type="checkbox"/> IF SO STATE NATURE OF PHYSICAL DISABILITY				
<b>ILLITERACY</b> <input type="checkbox"/>				
<b>HEIGHT</b>	<b>COLOR OF HAIR</b>	<b>COLOR OF EYES</b>	<b>DATE OF BIRTH</b>	
STATE OF PENNSYLVANIA COUNTY OF CLINTON      SS:- CITY OF LOCK HAVEN I HEREBY SWEAR OR AFFIRM, THAT ON THE DAY OF THE NEXT ENSUING PRIMARY OR ELECTION, I SHALL HAVE BEEN A CITIZEN OF THE UNITED STATES FOR AT LEAST ONE MONTH, THAT I WILL BE EIGHTEEN YEARS OF AGE, THAT I WILL HAVE RESIDED IN THIS COMMONWEALTH AND IN MY ELECTION DISTRICT FOR AT LEAST THIRTY (30) DAYS, THAT I WILL BE LEGALLY QUALIFIED TO VOTE, THAT I HAVE READ (OR HAVE HAD READ TO ME) THE FOREGOING STATEMENTS MADE IN CONNECTION WITH MY REGIS- TRATION AND THAT THEY ARE TRUE AND CORRECT.				
				<b>HIS MARK</b>
<b>SUBSCRIBED AND SWORN TO BEFORE</b>				<b>SIGNATURE OR MARK OF VOTER</b>
ME THIS _____ DAY OF _____ 19____				
<b>SIGNATURE OF REGISTRAR</b>				
<b>CITY, BOROUGH, TOWN OR TOWNSHIP OF:</b>			<b>SERIAL No 59467</b>	
<b>SURNAME (REGISTRAR—DO NOT WRITE BELOW)</b>			<b>CHRISTIAN NAME OR NAMES</b>	

**REGISTRATION COMMISSION OF CLINTON COUNTY  
CERTIFICATE OF REGISTRATION**

Date \_\_\_\_\_

This certifies that \_\_\_\_\_

Residing at \_\_\_\_\_

\_\_\_\_\_ Ward \_\_\_\_\_ District

City \_\_\_\_\_

Twp. of \_\_\_\_\_

Boro. \_\_\_\_\_

Has been registered as an elector of the \_\_\_\_\_

Party of the above district.

Serial No. \_\_\_\_\_ Registrar or Clerk