

**INFORMATION REQUIRED FOR OPERS  
PERSONAL HISTORY RECORD  
CITY OF PARMA CUYAHOGA COUNTY - 326300**

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FIRST NAME

MIDDLE INITIAL

LAST NAME

**GENDER:**            **Please Circle One**            **MALE**            **FEMALE**

**SSN#** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**COMPLETE ADDRESS:**

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STREET ADDRESS

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CITY

STATE

ZIP CODE