

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

---

First Name

Middle Initial

Last Name

GENDER: Please Circle One -

MALE / FEMALE

Do you receive a pension from OPERS?

Please Circle One - YES / NO

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPLETE ADDRESS:

---

Street Address

Cell Phone #

Home Phone #

---

City

State

Zip