

Birthdate	<input type="text" value=" "/>	Age	Birth City	<input type="text"/>
Birth State, Province	<input type="text"/>		Birth Country	<input type="text"/>
Maiden Name	<input type="text"/>			<input type="checkbox"/>
Former Name	<input type="text"/>			<input type="checkbox"/>
Marital Status	<input type="text"/>		Gender	<input type="text"/>
Sexual Orientation	<input type="text"/>		Gender Id	<input type="text"/>
Ethnicity	<input type="text"/>			
Disability	<input type="text"/>			
Disability Type	<input type="text"/>			
Veteran	<input type="text"/>			
Religion	<input type="text"/>			
Language Preference	<input type="text"/>		Consent	<input type="text"/> <i>Not Applicable</i>
Visible Minority	<input type="text"/>	<i>N/A</i>	Aboriginal	<input type="text"/> <i>Not Applicable</i>
Deceased	<input type="text"/>	<i>N/A</i>	Date of Death	<input type="text"/>