

Sheet1

LAST_NAME	DATE	ADDRESS	CITY	STATE	ZIP	PHONE
NEAL E						

Sheet1

HEIGHT,C,3 WEIGHT,C,3 HAIR,C,4 EYES,C,4 COMPLEXIONSEX,C,1 RACE,C,1

Sheet1

DOB,D POB,C,15 SCARS,C,10 FATHER,C,25MOTHER,C,2!MARITAL,C,1 SPOUSE,C,2E

Sheet1

CHILDREN,C,OCCUPATIONEMPLOYER,CSSAN,C,11 LIC_NO,C,28 STATUS,C,1 MED_REC,C,:

FIRE_REC,C,38