



REPLY FORM – The LONG LIFE Family Study

Please, only complete and return this form
if you have at least one living brother or sister

Yes, I am interested and I have at least one living brother or sister. Please contact me with more information!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____ Date of Birth: ____ / ____ / ____

Best day and time to call me: _____

Because we study longevity in families, we would like to know the ages of your brothers and/or sisters. Please check the appropriate box and indicate either their current age or age at which they passed away (you can estimate). Thank you.

- | | | |
|---|------------|--|
| Brother? <input type="checkbox"/> or Sister? <input type="checkbox"/> | Age: _____ | Still living? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brother? <input type="checkbox"/> or Sister? <input type="checkbox"/> | Age: _____ | Still living? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brother? <input type="checkbox"/> or Sister? <input type="checkbox"/> | Age: _____ | Still living? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brother? <input type="checkbox"/> or Sister? <input type="checkbox"/> | Age: _____ | Still living? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brother? <input type="checkbox"/> or Sister? <input type="checkbox"/> | Age: _____ | Still living? Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you prefer we contact a family member or caregiver to discuss our study, please list the name and contact information below.

Contact's Name: _____

Contact's Address: _____

Contact's Phone # () _____

*****Thank you for your interest in The LONG LIFE Family Study!*****