

RELATIVES OF PETITIONER 1

NAME	ADDRESS	ETHNICITY	OCCUPATION	AGE	IF DEAD, AGE/CAUSE	PHYSICAL/MENTAL ILLNESSES
MOTHER						
FATHER						
SIBLINGS						

RELATIVES OF PETITIONER 2

NAME	ADDRESS	ETHNICITY	OCCUPATION	AGE	IF DEAD, AGE/CAUSE	PHYSICAL/MENTAL ILLNESSES
MOTHER						
FATHER						
SIBLINGS						