

**UNIVERSITY OF MISSOURI BOARD OF CURATORS'  
INITIAL FAMILY DISCLOSURE FORM**

Revised 08/09/12

**Due date: (Within 30 days after being sworn in as a member of the Board)**

**Definitions: When used in this form, the term "spouse" shall mean any current spouse, regardless of residence or degree of support by you. The terms "parents," "siblings" and "children" shall mean any and all parents, stepparents, foster parents, siblings, stepsiblings, foster siblings, children, stepchildren and foster children residing in your household or who receive in excess of fifty percent (50%) of their support from you.**

**Name:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_  
\_\_\_\_\_

**Siblings' Names:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children's Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional sheet if necessary)

**Name of your employer and the name of the employers of your spouse, parents, siblings and children, as applicable. Identify:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional sheet if necessary)

