

FORMS – Personal Info Vocabulary Practice

Date: _____

First Name: _____

Last Name: _____

Title: **(Choose)** Mr. / Mrs. / Miss

Gender: **(Choose)** Male / Female

Address: _____

City: **(Copy)** Ottawa _____

Province: **(Choose)** BC / ON / QC

Country: **(Copy)** Canada _____

Postal Code: _ _ _ _