

Name:

Date:

Hour:

## Fill in the Table Using the Periodic Table

**Directions:** Use your periodic table to fill in the required information on the table below.

| Element    | Symbol | Mass # | Atomic # | # of Neutrons | # of Protons | # of Electrons | Period # | Group # |
|------------|--------|--------|----------|---------------|--------------|----------------|----------|---------|
| Hydrogen   | H      | 1.01   | 1        | 0             | 1            | 1              | 1        | 1       |
| Helium     |        | 4.00   |          |               |              |                |          |         |
| Lithium    |        |        | 3        |               |              |                |          |         |
| Carbon     |        |        |          | 6             |              |                |          |         |
| Oxygen     |        |        |          |               | 8            |                |          |         |
| Fluorine   |        |        |          |               |              | 9              |          |         |
| Neon       |        |        |          |               |              |                | 2        |         |
| Sodium     |        |        |          |               |              |                |          | 1       |
| Magnesium  |        |        |          |               |              |                | 3        |         |
| Chlorine   |        |        |          |               |              | 17             |          |         |
| Lead       |        |        |          |               | 82           |                |          |         |
| Silver     |        |        |          | 61            |              |                |          |         |
| Gold       |        |        | 79       |               |              |                |          |         |
| Copper     |        | 63.55  |          |               |              |                |          |         |
| Molybdenum | Mo     |        |          |               |              |                |          |         |