



Successful Aging Centenarian Celebration Resident's Social History

This form must be submitted by July 30, 2021.

1. **Centenarian's Initials:** _____ (Initials will be used to maintain security while linking this information to the Recognition Request.)

Please complete, print and return forms to:

Senior Services of Alexandria
Attention: Centenarian Program
206 North Washington Street, Suite 301
Alexandria, VA 22314

2. **Third Party Longevity Research Study Release**

Periodically, the City will receive requests from reputable universities and other public groups who are interested in learning about the Successful Aging Program for permission to interview the Centenarian and/or obtain information (e.g., Social History) that was collected for the recognition program. Personal information collected for the Centenarian Program will not be released without first obtaining permission from the Centenarian and/or their responsible party. Please select yes or no below to indicate whether Successful Aging is authorized to release the Centenarian and/or Responsible Party contact information.

Yes No

3. **Submitter's Information:**

Name: _____

Relationship: _____

Submitter's Phone: _____

Submitter's Email: _____

The questions below are prompts, and are not all required. Some may be skipped if you wish.

The responses will be used to write a brief summary to tell the story of your life well-lived in a presentation during a City Council meeting in September.

4. Your family (siblings, spouse, children, grandchildren, special pets, etc):

5. Primary occupation (including retirement information and/or military affiliation):

6. Tell us something interesting about your early years.

7. Hobbies, interests, favorite sports teams, etc. (past or current):

8. What is the most important invention during your lifetime?

9. What makes you happy?

10. What advice would you offer to a younger person?

11. How important is your faith to you?

12. What is the secret to your longevity? Which personal habits do you contribute to your longevity (daily walk, special food or beverage, other habits, etc.)?