

Family Group Sheet Questionnaire

Use a separate sheet for each grown child's family.

Please specify *full* names: First Middle (Maiden) Last.

Include source of information if other than informant.*

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Husband:		
Birth Date:	_____	Place: _____
Marriage Date:	_____	Place: _____
Death Date:	_____	Place: _____
Burial Date:	_____	Place: _____
Father:	_____	
Mother:	_____	
Other Spouses:	_____	
Wife:		
Birth Date:	_____	Place: _____
Death Date:	_____	Place: _____
Burial Date:	_____	Place: _____
Father:	_____	
Mother:	_____	
Other Spouses:	_____	
Child 1: M / F		
Birth Date:	_____	Place: _____
Death Date:	_____	Place: _____
Burial Date:	_____	Place: _____
Spouses:	_____	
Child 2: M / F		
Birth Date:	_____	Place: _____
Death Date:	_____	Place: _____
Burial Date:	_____	Place: _____
Spouses:	_____	
Child 3: M / F		
Birth Date:	_____	Place: _____
Death Date:	_____	Place: _____
Burial Date:	_____	Place: _____
Spouses:	_____	
Child 4: M / F		
Birth Date:	_____	Place: _____
Death Date:	_____	Place: _____
Burial Date:	_____	Place: _____
Spouses:	_____	

Other Information:

#	* Source Citations (Enter item number in # column above and indicate complete source here)
1	_____
2	_____
3	_____

Informant: _____ Today's Date: _____