

FAMILY GROUP RECORD

page 1

Prepared by: _____ Date: _____ Family Unit ID: _____ Prepared For: _____

HUSBAND:	First Given Name	Second Given Name	Surname	Occupations	Religions:
	Day	Month	Year	Municipality	County
				State/Prov	Nation
Special Data (name of church, cause of death)					

Born						
Christened						
Married						
Died						
Buried						
Name of Father:		Place of Birth:				
Name of Mother:		Place of Birth:				

WIFE:	First Given Name	Second Given Name	Surname	Occupations	Religions:
	Day	Month	Year	Municipality	County
				State/Prov	Nation
Special Data (name of church, cause of death)					

Born						
Christened						
Married						
Died						
Buried						
Name of Father:		Place of Birth:				
Name of Mother:		Place of Birth:				

Child # 1	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth	Birth Place					
First Given Name	Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:			Occupation:			# of Children			

Child # 2	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth	Birth Place					
First Given Name	Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:			Occupation:			# of Children			

Child # 3	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth	Birth Place					
First Given Name	Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:			Occupation:			# of Children			

Child # 4	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth	Birth Place					
First Given Name	Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:			Occupation:			# of Children			

Child # 5	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth	Birth Place					
First Given Name	Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:			Occupation:			# of Children			

Child # 6	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth	Birth Place					
First Given Name	Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:			Occupation:			# of Children			

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Child # 7		Male	Female	Birth			Birth Place			
First Given Name		Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:		Occupation:			# of Children					

Child # 8		Male	Female	Birth			Birth Place			
First Given Name		Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:		Occupation:			# of Children					

Child # 9		Male	Female	Birth			Birth Place			
First Given Name		Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:		Occupation:			# of Children					

Child # 10		Male	Female	Birth			Birth Place			
First Given Name		Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:		Occupation:			# of Children					

Child # 11		Male	Female	Birth			Birth Place			
First Given Name		Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:		Occupation:			# of Children					

Child # 12		Male	Female	Birth			Birth Place			
First Given Name		Second Given Name(s)		Day	Month	Year	Municipality	County	State/Prov	Nation
Name of Spouse:		Occupation:			# of Children					

#	Name of Source	Location of Source	Page #	Date Found
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				