

COVER SHEET FOR A SCANNED IMAGE OF A DOCUMENT

(Use if document cannot easily be scanned and converted to Microsoft Word.)

Name of Person Submitting this Information: _____

Name of Ancestor or Descendant to Whom this Document Relates: Full Name: (*First, Middle, Last. Omit Sr., Jr. etc.*)

Type of Document: (*indicate with an X or a checkmark one of the following*):

Letter _____

Memo _____

Will or Trust _____

Newspaper Article _____

Other (*specify what it is*) _____

Author of Document (*if different from ancestor or descendant*): Full Name: (*First, Middle, Last, Omit Sr., Jr. etc.*)

Date of this Document: (*day, month, year*) _____

State whether date is exact, estimated or unknown:

Person, if any, to Whom Document is Addressed:

Brief Comments about the Document:
