

INFORMATION ABOUT YOU, AN ANCESTOR, OR A DESCENDANT

Use Microsoft Word, if possible.

Send electronic file in Word or PDF, rather than paper, if possible.

Fill in, using Initial Capitalization rather than CAPS.

Name of Person Submitting this Information: _____

Full Name of Ancestor, Descendant or You: *(First, Middle, Last. Omit Sr., Jr. etc. Include Titles.)(You can list a person whose relationship to you is uncertain.)*

Gender: _____

Date Born: *(Month, Day, Year)* _____

Where Born: *(City, County, State, Country if not U.S.)* _____

Date of Death: *(Month, Day, Year)* _____

Place of Death: *(City, County, State, Country if not U.S.)* _____

Wife or Husband: *(This part should be completed separately for each other spouse.)*

Full Name of Spouse: *(First, Middle, Last. Omit Sr., Jr. etc. Include Titles.)(You can list a person whose relationship to you is uncertain.)*

Date Born: *(Month, Day, Year)* _____

Where Born: *(City, County, State, Country if not U.S.)* _____

Date of Death: *(Month, Day, Year)* _____

Place of Death: *(City, County, State, Country if not U.S.)* _____

Marriage Date: _____

Marriage Location: *(City, County, State, Country if not U.S.)* _____

Status at Time of Marriage: *(single, divorced, widow(er))* _____

Date of Divorce: _____

Place of Divorce: *(City, County, State, Country if not U.S.)* _____

If there is more than one spouse, is this the "preferred" spouse in your opinion? _____

Full Name of Child by this Marriage: *(First, Middle, Last. Omit Sr., Jr. etc. Include Titles.)(You can list a person whose relationship to you is uncertain.)*

Gender: _____

Date Born: *(Month, Day, Year)* _____

(Complete this part for each other child.)

Full Name of Child by this Marriage: *(First, Middle, Last. Omit Sr., Jr. etc. Include Titles.)(You can list a person whose relationship to you is uncertain.)*

Gender: _____

Date Born: *(Month, Day, Year)* _____

(Complete this part for each other child.)

Full Name of Child by this Marriage: *(First, Middle, Last. Omit Sr., Jr. etc. Include Titles.)(You can list a person whose relationship to you is uncertain.)*

Gender: _____

Date Born: *(Month, Day, Year)* _____

(Complete the above for each other child.)

Facts	Date (optional)	Comment/Location
Fact No. 1:	_____	_____
Fact No. 2:	_____	_____
Fact No. 3:	_____	_____
Fact No. 4:	_____	_____
Fact No. 5:	_____	_____
Fact No. 6:	_____	_____
Fact No. 7:	_____	_____
Fact No. 8:	_____	_____
Fact No. 9:	_____	_____
Fact No. 10:	_____	_____

Lineage (optional)

This person is also known as: (nickname, name change, hyphenated married name)

Special Relationship with Father: *(adopted, foster child, unknown)* _____

Special Relationship with Mother: *(adopted, foster child, unknown)* _____

State Whether this Person Should Be Excluded from the Family Tree: _____

Medical (optional)

Height: _____ ft. _____ inches

Weight: _____ lbs

Cause of death: _____

Medical information:

Address if Living (optional)

Address 1: _____

