

HUSBAND

Birth _____ Place _____
 Christening _____ Place _____
 Death _____ Place _____
 Burial _____ Place _____
 Father _____ Mother _____
 Married _____ Place _____
 Other wives, if any: _____

Where was the information shown on this family obtained ?

WIFE

Birth _____ Place _____
 Christening _____ Place _____
 Death _____ Place _____
 Burial _____ Place _____
 Father _____ Mother _____
 Other husbands, if any: _____

Family representative:

Name and address of person submitting this sheet.

Sex (M/F)	Children (List each child in order of birth)	When Born Day Mo Yr	Town	Where Born County	State or County	Died Day Mo Yr	Married (Name and date)
	(1)						
	(2)						
	(3)						
	(4)						
	(5)						
	(6)						
	(7)						
	(8)						
	(9)						
	(10)						
	(11)						
	(12)						
	(13)						
	(14)						
	(15)						