



FAMILY GROUP RECORD

Prepared By:

Date:

Relationship to Preparer:

HUSBAND:				Occupation:	Religion:
	Date (day, mo, yr)	City	County	State/Country	
Born					
Christened					Church:
Married					Church:
Died					Cause:
Funeral					Place:
Buried					Cem/Place:
Father:		Other Husbands:			Date Will Written/Proved:
Mother:					

WIFE:				Occupation:	Religion:
	Date (day, mo, yr)	City	County	State/Country	
Born					
Christened					Church:
Married					Church:
Died					Cause:
Funeral					Place:
Buried					Cem/Place:
Father:		Other Husbands:			Date Will Written/Proved:
Mother:					

*	Sex M/F	Children Given Names	Birth (day, mo, yr)	Birthplace			Date of First Marriage	Date of Death
				City	County	St/Ctry	Name of Spouse	City, County, St/Ctry
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	1						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	2						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	3						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	4						

*	Sex M/F	Children Given Names	Birth (day, mo, yr)	Birthplace			Date of First Marriage/Place	Date of Death/Cause
				City	County	St/Ctry	Name of Spouse	City, County, St/Ctry
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	5						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	6						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	7						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	8						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	9						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	10						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	11						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	12						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	13						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	14						
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	15						

Sources of Information:
