Family Form		Start here Family Form Number:							
Please fi	ll in as much informatior	n as possible.							
Ma	le Partner (husband):								
Date be	orn:	Place born:							
Date d	ied:	Place died:							
Occupat	ion:								
	ther:				Mother:				
O partn	ther Name ers: #1:		Family form #:	Name #2:		Family N form #:	ame #3:	Family form #:	
			_						
Married	Y/N: Date marr	ried:	F	Place:				Divorced Y/N:	
F	emale Partner (wife):								
Date be	orn:	Place born:							
Date d	ied:	Place died:							
Occupat	ion:								
	ther:				Mother:				
O [.] partn	ther Name ers: #1:		Family form #:	Name #2:		Family N	ame #3:	Family form #:	
					Children				
Sex M/F/O/U	Children	Date bo	rn	Birth place	Date died	Died place	Date married	Married to	Family Form #

More Children

More Children											
Sex M/F/O/U		Date born	Birth place	Date died	Died place	Date married	Married to	Family Form #			
Any othe	Any other information or comments:										
Prepared by:											
•	Name:		Addres	s:							

Please email your forms as attachments to: peter.resch@gmail.com

Phone:

Thank you, Peter Resch.

Email Address: