

Family Form

Start here  Family Form Number:

Please fill in as much information as possible.

Male Partner (husband):												
Date born:			Place born:									
Date died:			Place died:									
Occupation:												
Father:					Mother:							
Other partners:	Name #1:		Family form #:		Name #2:		Family form #:		Name #3:		Family form #:	

Married Y/N:	<input type="checkbox"/>	Date married:	<input type="text"/>	Place:	<input type="text"/>	Divorced Y/N:	<input type="checkbox"/>
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Female Partner (wife):												
Date born:			Place born:									
Date died:			Place died:									
Occupation:												
Father:					Mother:							
Other partners:	Name #1:		Family form #:		Name #2:		Family form #:		Name #3:		Family form #:	

Children

Sex M/F/O/U	Children	Date born	Birth place	Date died	Died place	Date married	Married to	Family Form #
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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