

# Schwab Family Genealogy

Name of Husband _____ <input type="checkbox"/> Schwab Descendant						NAME OF PERSON SUBMITTING SHEET					
Date Born _____ Place _____						ADDRESS OF PERSON SUBMITTING SHEET					
Date Bapt. _____ Place _____ Religion _____						CITY, STATE, ZIP OF PERSON SUBMITTING SHEET					
Date Marr. _____ Place _____						PHONE OF PERSON SUBMITTING SHEET					
Date Died _____ Place _____ Cause of Death _____						RELATIONSHIP TO FAMILY ON FORM					
Date Bur. _____ Place _____						EMAIL					
FATHER OF HUSBAND _____ MOTHER OF HUSBAND _____											
HUSBAND'S FORMER SPOUSES											
Name of Wife (Including maiden name) _____ <input type="checkbox"/> Schwab Descendant											
Date Born _____ Place _____											
Date Bapt. _____ Place _____ Religion _____											
Date Marr. _____ Place _____											
Date Died _____ Place _____ Cause of Death _____											
Date Bur. _____ Place _____											
FATHER OF WIFE _____ MOTHER OF WIFE _____											
WIFE'S FORMER SPOUSES											
SEX M/F	CHILDREN			DATE BORN			LOCATION OF BIRTH			DATE OF CURRENT MAR.	DATE DIED (M/D/YYYY)
	List each child (whether living or dead) in order of birth First Name Middle Name Last Name			DAY	MONTH	YEAR	TOWN	COUNTY	STATE	TO WHOM	Cause of Death
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
ADDITIONAL EXPLANATIONS AND DETAILS				OTHER MARRIAGES				SOURCES OF INFORMATION			

Instructions: Fill out a sheet for self and each married child. Make as many copies of this form as necessary. Please include as much information as possible.  
 Return to: Patrick Schwab 4352 Trapper Dr. NE Salem, OR 97305 email: [pschwab51@gmail.com](mailto:pschwab51@gmail.com) Phone/Text 805-550-6333