

# The FAMILY GROUP SHEET®

Do not write in this space

Descendant's

Husband's Code \_\_\_\_\_

Full Birth Name: \_\_\_\_\_

Wife's Code \_\_\_\_\_

**FOOTNOTING:** To document all entries on this form, please use the space provided below for footnotes. One of the numbers should be placed in the circle provided next to each answer on this sheet. Also use a footnote number to show origins for the name of the **HUSBAND & WIFE**.

Name and address of person filling in this form \_\_\_\_\_

Date this form was filled out: \_\_\_\_\_

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧

(Use separate sheet for EACH marriage of HUSBAND or WIFE)

**HUSBAND'S FULL BIRTH NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day - Month - Year  Place: \_\_\_\_\_ City, Town or Place \_\_\_\_\_ County or Province \_\_\_\_\_ State or Country

Date of Death: \_\_\_\_\_ Day - Month - Year  Place: \_\_\_\_\_

Cause of Death: \_\_\_\_\_  Present Address (or) Place of Burial: \_\_\_\_\_

His Father: \_\_\_\_\_  His Mother's full Maiden Name: \_\_\_\_\_

Date of Marriage of HUSBAND and WIFE on this sheet: \_\_\_\_\_ Day - Month - Year  Place: \_\_\_\_\_   
 (If not married, write "Not Married" in space above.)

Check here if there was another marriage: By Husband  By Wife  Was this couple divorced? Yes  No  When? \_\_\_\_\_ Day - Month - Year

**WIFE'S FULL BIRTH NAME:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Day - Month - Year  Place \_\_\_\_\_ City, Town or Place \_\_\_\_\_ County or Province \_\_\_\_\_ State or Country

Date of Death \_\_\_\_\_ Day - Month - Year  Place \_\_\_\_\_

Cause of Death: \_\_\_\_\_  Present Address (or) Place of Burial: \_\_\_\_\_

Her Father: \_\_\_\_\_  Her Mother's Full Maiden Name: \_\_\_\_\_

Please include **BIOGRAPHICAL DATA** below (Use other side or a separate sheet for more information) - INCLUDE PHOTOS IF POSSIBLE

RELIGION: \_\_\_\_\_  Names of other spouses of HUSBAND: \_\_\_\_\_

MILITARY: \_\_\_\_\_  Names of other spouses of WIFE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_  Misc. \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

sex	Have family sheet	CHILDREN (Arrange in Order of Birth)	Birth Information		Death Information		Marriage Information	
			Day	Month - Year	Day	Month - Year	Day	Month - Year
		1 <input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>
		Code: _____	At	<input type="radio"/>	At	<input type="radio"/>	To	<input type="radio"/>
		2 <input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>
		Code: _____	At	<input type="radio"/>	At	<input type="radio"/>	To	<input type="radio"/>
		3 <input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>
		Code: _____	At	<input type="radio"/>	At	<input type="radio"/>	To	<input type="radio"/>
		4 <input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>
		Code: _____	At	<input type="radio"/>	At	<input type="radio"/>	To	<input type="radio"/>
		5 <input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>	On	<input type="radio"/>
		Code: _____	At	<input type="radio"/>	At	<input type="radio"/>	To	<input type="radio"/>

Check here if there are additional children

PLEASE use typewriter with fresh ribbon or hand letter using a BLACK or very dark blue ink. If you hand letter, use all CAPITAL letters. Use a separate sheet for each generation on a multiple line of descent.

**HUSBAND'S NAME:** \_\_\_\_\_ Code: \_\_\_\_\_

**WIFE'S MAIDEN NAME:** \_\_\_\_\_ Code: \_\_\_\_\_

**FOOTNOTES:** (Continued from Page 1)

- ⑨
- ⑩
- ⑪
- ⑫
- ⑬
- ⑭
- ⑮
- ⑯
- ⑰
- ⑱

**ADDITIONAL BIOGRAPHICAL DATA:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

sex	Have family sheet	CHILDREN (Continued from page 1) Arrange in Order of Birth	Birth Information		Death Information		Marriage Information	
			Day - Month - Year	Day - Month - Year	Day - Month - Year	Day - Month - Year		
		<b>6</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>7</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>8</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>9</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>10</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>11</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>12</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>13</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>14</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>
		<b>15</b> Code: _____	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> On <input type="radio"/> At	<input type="radio"/> To	<input type="radio"/>