

FAMILY GROUP SHEET

No. _____

Father Full Name				
EVENT	DAY MONTH YEAR	Place of Event (city, Township, County, State, or Country)		
Birth				
Marriage				
Death				
Burial				
NOTES:				
His Other Spouse(s):				
His Father:		Born:	Died:	
His Mother:		Born:	Died:	
Mother Full Maiden Name				
EVENT	DAY MONTH YEAR	Place of Event (city, Township, County, State, or Country)		
Birth				
Death				
Burial				
NOTES:				
Her Other Spouse(s):				
Her Father:		Born:	Died:	
Her Mother:		Born:	Died:	
Children (given names)	DAY MONTH YEAR	PLACE OF EVENT	NAME OF SPOUSE(S)	
1	b			
	m			
	d			
	Bu			
2	b			
	m			
	d			
	Bu			
3	b			
	m			
	d			
	Bu			
4	b			
	m			
	d			
	Bu			
5	b			
	m			
	d			
	Bu			
6	b			
	m			
	d			
	Bu			
7	b			
	m			
	d			
	Bu			
8	b			
	m			
	d			
	Bu			
9	b			
	m			
	d			
	Bu			