

FAMILY INFORMATION SHEET

Name					Sex:	
Date of Birth						
Place of Birth						
Date of Death						
Place of Death						
Also Known As:						
Occupation:					Title:	
Name of Spouse:	Status:*		Place of marriage:		Date of marriage:	
	*(married, divorced, separated)				start	
					end	
					start	
					end	
CHILDREN:						
Name of Child:		sex:		Status of Mother	Other Parent	
				*(natural, adopted, step)	Name	
Street & Number						
City/State/zip						
Phone	home	work	cell	fax		
email						
Please complete one information form for each family member.						
(yourself, children, spouse, and parents)						
Name					Sex:	
Date of Birth						
Place of Birth						
Date of Death						
Place of Death						
Also Known As:						
Occupation:					Title:	
Name of Spouse:	Status:*		Place of marriage:		Date of marriage:	
	*(married, divorced, separated)				start	
					end	
					start	
					end	
CHILDREN:						
Name of Child:		sex:		Status of Mother	Other Parent	
				*(natural, adopted, step)	Name	
Street & Number						
City/State/zip						
Phone	home	work	cell	fax		
email						
Please complete one information form for each family member.						
(yourself, children, spouse, and parents)						