

## The Life Story of...



Today's Date \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

I was born on \_\_\_\_\_ (date) in the town/city of \_\_\_\_\_

\_\_\_\_\_ (location including hospital if known)

I was born at \_\_\_\_\_ am/pm on a \_\_\_\_\_ (day of week) [LINK](#)

My Birth Weight: \_\_\_\_\_ My Birth Length: \_\_\_\_\_

My Current address: \_\_\_\_\_

My Father Is: \_\_\_\_\_

My Mother Is: \_\_\_\_\_

Complications at Birth?: \_\_\_\_\_

Had I been born the opposite sex, my parents were going to name me \_\_\_\_\_

My nationality is \_\_\_\_\_ and my ethnic background is \_\_\_\_\_

I was born number \_\_\_\_\_ of \_\_\_\_\_ children

I have \_\_\_\_\_ brother(s) & \_\_\_\_\_ sister(s) \_\_\_\_\_ step-brothers \_\_\_\_\_ step-sisters

My natural hair color is \_\_\_\_\_ My eyes are \_\_\_\_\_ in color