

Family Group Sheet

Name and/or Date	Place
Husband:	
Born: _____	_____
Married: _____	_____
Died: _____	_____
Buried: _____	_____
Other Marriage: _____	_____
Husband's Father: _____	Husband's Mother: _____
Wife:	
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Other Marriage: _____	_____
Wife's Father: _____	Wife's Mother: _____
Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
2nd Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
3rd Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
Sources:	
Notes:	
Prepared by / Date: _____	

4th Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
5th Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
6th Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
Sources:	
Notes:	
Prepared by / Date: _____	
7th Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
8th Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
9th Child: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Born: _____	_____
Died: _____	_____
Buried: _____	_____
Spouse: _____	Date of Marriage: _____
Sources:	
Notes:	
Prepared by / Date: _____	