

Family Group Record

Prepared By: _____

Relationship: _____

Husband: _____

	Month	Day	Year	City	State	Notes/Occupations
Born:						
Married:						
Died:						
Buried:						

Father: _____

Mother: _____

Wife: _____

	Month	Day	Year	City	State	Notes/Occupations
Born:						
Married:						
Died:						
Buried:						

Father: _____

Mother: _____

Children	Birthdate	Birthplace	Sex	Name of Spouse	Marriage Date	Date of Death

Please return form to: