

Family Group Sheet

(Complete One Sheet for each Marriage)

| | | | |
|--|--|-------------------|---|
| Husband Given Name(s) | | Middle Name(s) | Last Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Christened (Baptized) (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Buried (day month year) | | Place | |
| Source | | Source | |
| Married Spouse #1 (day month year) | | Place | |
| Source | | Source | |
| Marriage Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | | |
| Date: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | Place | |
| Source | | Source | |
| <input type="checkbox"/> Additional Spouses for this Husband can be found on a <i>Supplemental Family Group Sheet for Additional Spouses</i> | | | |
| Husband's Father Given Name(s) | | Middle Name | Last Name <input type="checkbox"/> Deceased |
| Husband's Mother Given Name(s) | | Middle Name | Maiden Name <input type="checkbox"/> Deceased |
| Wife (#1) Given Name | | Middle Name | Maiden Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Christened (Baptized) (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Buried (day month year) | | Place | |
| Source | | Source | |
| <input type="checkbox"/> Additional Spouses for this Wife can be found on a <i>Supplemental Family Group Sheet for Additional Spouses</i> | | | |
| Wife's Father Given Name(s) | | Middle Name | Last Name <input type="checkbox"/> Deceased |
| Wife's Mother Given Name(s) | | Middle Name | Maiden Name <input type="checkbox"/> Deceased |

Check if applicable: Children On Reverse Side

| | | |
|--------------------------------|-----------------------|----------------|
| Date Prepared (day month year) | Prepared By | Street Address |
| City | State | |
| Zip Code | Country | |
| Telephone | E-mail/World Wide Web | |

Children List each child in order of birth.

| | | | |
|--|-----------------------|-------------|-----------------------|
| #____ Given Name | | Middle Name | (Last/Maiden) Surname |
| Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | Born (day month year) | Place | |
| | Source | Source | |
| Christened (Baptized) (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Buried (day month year) | | Place | |
| Source | | Source | |
| Spouse (#____) Given Name | | Middle Name | (Last/Maiden) Surname |
| Married Spouse #____ (day month year) | | Place | |
| Source | | Source | |
| Relationship with Father: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |
| Relationship with Mother: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |
| #____ Given Name | | Middle Name | (Last/Maiden) Surname |
| Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | Born (day month year) | Place | |
| | Source | Source | |
| Christened (Baptized) (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Buried (day month year) | | Place | |
| Source | | Source | |
| Spouse (#____) Given Name | | Middle Name | (Last/Maiden) Surname |
| Married Spouse #____ (day month year) | | Place | |
| Source | | Source | |
| Relationship with Father: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |
| Relationship with Mother: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |

Additional Children for this Marriage are continued on a
Supplemental Family Group Sheet for Additional Children

Supplemental Family Group Sheet for Additional Children Page of

| | | | |
|--|--|-------------------|---|
| Husband (Father) Given Name(s) | | Middle Name(s) | Last Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Married Spouse (day month year) | | Place | |
| Source | | Source | |
| Marriage Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | | |
| Date: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | Place | |
| Source | | Source | |
| Husband's Father Given Name(s) | | Middle Name | Last Name <input type="checkbox"/> Deceased |
| Husband's Mother Given Name(s) | | Middle Name | Maiden Name <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Additional Spouses for this Husband can be found on a Supplemental Family Group Sheet for Additional Spouses | | | |
| Wife (Mother) Given Name | | Middle Name | Maiden Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Wife's Father Given Name(s) | | Middle Name | Last Name <input type="checkbox"/> Deceased |
| Wife's Mother Given Name(s) | | Middle Name | Maiden Name <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Additional Spouses for this Wife can be found on a Supplemental Family Group Sheet for Additional Spouses | | | |

Additional Children on Reverse Side

Notes & Comments

| | | |
|--------------------------------|-----------------------|----------------|
| Date Prepared (day month year) | Prepared By | Street Address |
| City | State | |
| Zip Code | Country | |
| Telephone | E-mail/World Wide Web | |

| | | | |
|--|-----------------------|-------------|-----------------------|
| #____ Given Name | | Middle Name | (Last/Maiden) Surname |
| Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | Born (day month year) | Place | |
| | Source | Source | |
| Christened (Baptized) (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Buried (day month year) | | Place | |
| Source | | Source | |
| Spouse (#____) Given Name | | Middle Name | (Last/Maiden) Surname |
| Married Spouse #____ (day month year) | | Place | |
| Source | | Source | |
| Relationship with Father: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |
| Relationship with Mother: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |
| #____ Given Name | | Middle Name | (Last/Maiden) Surname |
| Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | Born (day month year) | Place | |
| | Source | Source | |
| Christened (Baptized) (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Buried (day month year) | | Place | |
| Source | | Source | |
| Spouse (#____) Given Name | | Middle Name | (Last/Maiden) Surname |
| Married Spouse #____ (day month year) | | Place | |
| Source | | Source | |
| Relationship with Father: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |
| Relationship with Mother: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | | |
| Adoption (day month year) | | Place | |
| Source | | Source | |

Additional Children for this Marriage are continued on yet another
Supplemental Family Group Sheet for Additional Children