

Individual's Fact Sheet

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| | | |
|-----------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Primary Individual Given Name(s) | Middle Name(s) | (Last/Maiden) Surname |
| Sex: <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 | |
| Cause of Death | Source for Cause of Death | |
| Buried (day month year) | Place | |
| Source | Source | |
| Funeral Home/Funeral Director | Place | |
| Source | Source | |
| Alias (AKA) | Title | |
| Source | Source | |
| Religion | Place | |
| Source | Source | |
| First Communion | Place | |
| Source | Source | |
| Confirmation | Place | |
| Source | Source | |
| Education | Place | |
| Source | Source | |
| Profession | Place | |
| Source | Source | |
| Occupation | Place | |
| Source | Source | |
| Retirement | Place | |
| Source | Source | |
| Ethnic Group | Source | |
| Source | Source | |
| Emigration | Place | |
| Source | Source | |
| Immigration | Place | |
| Source | Source | |
| Naturalization | Place | |
| Source | Source | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|
| Street Address | | City | |
| State | Country | Zip Code | |
| Current Telephone | | E-mail Address/World Wide Web | |
| Medical Information -Height | Weight | Eye Color | Hair Color |
| Please check if applicable: <input type="checkbox"/> None <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Stroke <input type="checkbox"/> Addiction: <input type="checkbox"/> Unknown <input type="checkbox"/> Diabetes <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Mental Illness <input type="checkbox"/> Cancer: <input type="checkbox"/> Other: | | | |
| Given Name of Primary Individual's Father | | Middle Name | Last Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Relationship with Individual: <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 of Primary Individual's Mother | | Middle Name | Maiden Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Relationship with Individual: <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 | |
| Married # 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 | |
| Spouse #1 Given Name | | Middle Name | Last Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Check if applicable: <input type="checkbox"/> Additional Spouse(s) are continued on a <i>Supplemental Individual's Fact Sheet for Additional Spouses</i> | | | |
| Child #1 Given Name | | Middle Name | Last Name |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Check if applicable: <input type="checkbox"/> Additional Children are continued on a <i>Supplemental Individual's Fact Sheet for Additional Children</i> | | | |
| Date Prepared (day month year) | | Prepared By | Street Address |
| City | State | Country | Zip Code |
| Telephone | | E-mail/World Wide Web | |

Supplemental Individual's Fact Sheet for Additional Children

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|------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--------------------------|
| Primary Individual Given Name(s) | | Middle Name(s) | (Last/Maiden) Surname |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Cause of Death | | Source for Cause of Death | |
| Married # 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 | |
| Spouse #1 Given Name | | Middle Name | Last Name |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |

Additional Children

| | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |

Continued on Reverse Side

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

| | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |
| Child # _____ Given Name | | Middle Name | Last Name |
| Sex : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk. | Relationship with Individual: <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Other: (Please explain) | | |
| Born (day month year) | | Place | |
| Source | | Source | |
| Died (day month year) | | Place | |
| Source | | Source | |

Continued on yet Another *Supplemental Individual's Fact Sheet for Additional Children*