

Family Group Record

Family group record number _____. Page _____ of _____.

Birth date	Birthplace	
Christening date	Christening place	
Marriage date	Marriage place	
Death date	Death place	
Burial date	Burial place	
		<input type="checkbox"/> Deceased
		<input type="checkbox"/> Deceased
Other parents and other spouses		

Birth date	Birthplace	
Christening date	Christening place	
Death date	Death place	
Burial date	Burial place	
		<input type="checkbox"/> Deceased
		<input type="checkbox"/> Deceased
Other parents and other spouses		

Children		
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace	
Christening date	Christening place	
Marriage date	Marriage place	Spouse
Death date	Death place	
Other parents and other spouses		
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace	
Christening date	Christening place	
Marriage date	Marriage place	Spouse
Death date	Death place	
Other parents and other spouses		

Family Group Record—continued

Children—continued			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			

Family Group Record—continued

Children—continued			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			

Family Group Record—continued

Children—continued			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Sources and Notes Attach additional sheets as necessary.

Family Group Record—continued

Family group record number _____. Page _____ of _____.

Contributor's Name and Information

Contributor's name	Birth date	Phone (with area code)
--------------------	------------	------------------------

Address

Email

Date prepared	Helper access number
---------------	----------------------

Instructions

- Write all names as full, main, legal names in the order they are spoken. Write a woman's maiden name (birth name), not her married name.
 - Write all dates as day, month, and year, such as 4 Oct 1996.
 - Write all places in order of smallest to largest political jurisdiction, separated by commas, such as Tryon, Polk, North Carolina, USA, or Wymondham, Norfolk, England.
 - List children in order of birth, whether living or deceased. Number each child (3, 4, 5, and so on).
-