

Prepared By: _____ Relationship to Preparer _____
 Address _____ Date _____ Ancestral Chart# _____ Family Unit# _____

Family Group Sheet													
Husband			Occupation(s)					Religion					
Date-Day, Month, Year			City		County			State or Country					
Born								Source					
Marriage								Source					
Died								Source					
Buried								Source					
Father			Mother					Other Wives					
Immigration Date			Naturalization										
Military Info			Source					Cause of Death					
Social Security Number			Issued					Cemetery					
Wife			Occupation(s)					Religion					
Born								Source					
Died								Source					
Buried								Source					
Father			Mother					Other Husbands					
Immigration Date			Naturalization					Cause of Death					
Social Security Number			Issued					Cemetery					
*	Sex	Children Given Names	Birth			Birthplace			Date of first Marriage/Place	Death Date & Place			Computer ID#
			Day	Month	Year	City	County	St/Ctry	Name of Spouse	City	County	St/Ctry	
		1.											
		2.											
		3.											
		4.											
		5.											
		6.											
		7.											
		8.											
		9.											
		10.											
		11.											

Note:*=Direct Ancestor