

Family Group Sheet

Father:

Event	Day Month Year	Place of Event (City, Township, County, State, or Country)
Birth		
Marriage		
Death		

Notes:

His Other Spouse(s):

His Father:

His Mother:

Mother:

Event	Day Month Year	Place of Event (City, Township, County, State, or Country)
Birth		
Marriage		
Death		

Notes:

Her Other Spouse(s):

Her Father:

Her Mother:

Children	(given name)	Day Month Year	Place of Event	Name of Spouse
1	b			
	m			
	d			
2	b			
	m			
	d			
3	b			
	m			
	d			
4	b			
	m			
	d			
5	b			
	m			
	d			
6	b			
	m			
	d			
7	b			
	m			
	d			
8	b			
	m			
	d			

REFERENCES:
