

Family Group Sheet

Father FULL NAME:

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 FULL MAIDEN NAME:

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: