

FAMILY GROUP SHEET

Surname _____

HUSBAND

Born _____ Place _____

Married _____ Place _____

Died _____ Place _____

Father _____ Mother _____

Other Wives _____

WIFE

Born _____ Place _____

Died _____ Place _____

Father _____ Mother _____

Other Husbands _____

	Sex	Children of This Marriage	Birth		Death		Marriage	
			Date	Place	Date	Place	Date	Place
1		<input type="checkbox"/>						
		Spouse:						
2		<input type="checkbox"/>						
		Spouse:						
3		<input type="checkbox"/>						
		Spouse:						
4		<input type="checkbox"/>						
		Spouse:						
5		<input type="checkbox"/>						
		Spouse:						
6		<input type="checkbox"/>						
		Spouse:						
7		<input type="checkbox"/>						
		Spouse:						
8		<input type="checkbox"/>						
		Spouse:						

SOURCE OF INFORMATION (more space on back)

_____ Date _____

_____ Compiler _____

_____ Address _____
