Family Group Sheet

Father FULL NAME:

Event	ent Day Month Year I		Place of Event (City, Township, County, State, or Country)	
Birth				
Marriage				
Death				
Notes:	-			
His Other	Spouse(s):			
His Father:			His Mother:	
3.5 .3				
		IDEN NAME:		
Event				
Birth				
Marriage				
Death				
Notes:				
Her Other				
Her Father	:		Her Mother:	
Children	(civon namo)	Day Month Year	Place of Event	Name of Spouse
	b	J		1
	m			
	d			
2	b			
	m			
	d			
3	b			
	m			
	d			
4	b			
	m			
	d			
5	b			
	m			
	d			
3	b			
	m			
	d			
7	b			
	m			
	d			
3	b			
	m			
	d			
DEFEDEN	OTO.			
REFEREN	CES:			