

# Family Group Record

## Husband

Birth date	Birthplace	
Christening date	Christening place	
Marriage date	Marriage place	
Death date	Death place	
Burial date	Burial place	
<b>Husband's father</b>		<input type="checkbox"/> Deceased
<b>Husband's mother</b>		<input type="checkbox"/> Deceased
Other parents and other spouses		

## Wife

Birth date	Birthplace	
Christening date	Christening place	
Death date	Death place	
Burial date	Burial place	
<b>Wife's father</b>		<input type="checkbox"/> Deceased
<b>Wife's mother</b>		<input type="checkbox"/> Deceased
Other parents and other spouses		

## Children

Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			

# Family Group Record—continued

Husband	Wife
<b>Children—continued</b>	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	

# Family Group Record—continued

Husband	Wife
<b>Children—continued</b>	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place <span style="float: right;">Spouse</span>
Death date	Death place
Other parents and other spouses	

# Family Group Record—continued

Family group record number \_\_\_\_\_. Page \_\_\_\_\_ of \_\_\_\_\_.

**Husband**

**Wife**

**Sources and Notes** Attach additional sheets as necessary.

# Family Group Record—continued

Family group record number \_\_\_\_\_. Page \_\_\_\_\_ of \_\_\_\_\_.

**Husband**

**Wife**

**Sources and Notes** Attach additional sheets as necessary.

# Family Group Record—continued

Family group record number \_\_\_\_\_. Page \_\_\_\_\_ of \_\_\_\_\_.

**Husband**

**Wife**

**Sources and Notes** Attach additional sheets as necessary.

# Family Group Record—continued

Family group record number \_\_\_\_\_. Page \_\_\_\_\_ of \_\_\_\_\_.

**Husband**

**Wife**

**Contributor's Name and Information**

Contributor's name

Birth date

Phone (with area code)

Address

Email

Date prepared

Helper access number

**Instructions**

- Write all names as full, main, legal names in the order they are spoken. Write a woman's maiden name (birth name), not her married name.
- Write all dates as day, month, and year, such as 4 Oct 1996.
- Write all places in order of smallest to largest political jurisdiction, separated by commas, such as Tryon, Polk, North Carolina, USA, or Wymondham, Norfolk, England.
- List children in order of birth, whether living or deceased. Number each child (3, 4, 5, and so on).