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About Me

Name				
First	MARCH	Middle	Last	
Date of Birth		250		
	onth Day	Year		
Place of Birth				_
f at Home Addres	s:	S		
Hospital:				
Delivered By		B	-	
Marriage Spouses Name	A A A			
				•
Born	Date	Place	Occupation	
Baptized	Date	ridee	Immigration	/3
Married			Military Service	
Died			Cause of Death	The state of the s
Buried			Date of Will	IM ME
Father		1	Other Marriages	NA
Mother			Other Marriages	To Ver
Father's Name	First	 Middle	Last	
Born	Date	Place	Occupation	
Baptized			Immigration	17/6
Married			Military Service	my.
Died			Cause of Death	(8)
Buried			Date of Will	
Father		<u> </u>	Other Marriages	

Mother

Other Marriages

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About Me

Education

School Name	Location	Years Attended
A CHE		
3/2		
	B K	

Career

Company	Address	Start and End Date
	(T	
	Company	Company Address

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About Me

Residences	
Full Address	
Occupants	
Rented/Owned?	
Dates of Residence	
Full Address	
Occupants	
Rented/Owned?	
Dates of Residence	
Full Address	
Occupants	
Rented/Owned?	
Dates of Residence	