

About Me

Name _____
First Middle Last

Date of Birth _____
Month Day Year

Place of Birth _____

If at Home Address: _____

Hospital: _____

Delivered By _____

Marriage

Spouses Name _____

Date of Marriage _____

Place _____

Mother's Name _____
First Middle Last

Born	Date	Place	Occupation	
Baptized			Immigration	
Married			Military Service	
Died			Cause of Death	
Buried			Date of Will	
Father			Other Marriages	
Mother			Other Marriages	

Father's Name _____
First Middle Last

Born	Date	Place	Occupation	
Baptized			Immigration	
Married			Military Service	
Died			Cause of Death	
Buried			Date of Will	
Father			Other Marriages	
Mother			Other Marriages	

About Me

Education

School Name	Location	Years Attended

Career

Title	Company	Address	Start and End Date

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
