

# Family Group Record

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

## 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

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

Husband		Wife	
<b>Children—continued</b>			
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			
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			
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

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

Husband		Wife	
<b>Children—continued</b>			
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			
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			
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			