

# Family Group Sheet



<b>Husband</b>		
Given name(s):		Last name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Buried:	Place:	
Married:	Place:	
<b>Husband's father</b>		
Given name(s):		Last name:
<b>Husband's mother</b>		
Given name(s):		Maiden name:

<b>Wife</b>		
Given name(s):		Maiden name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Buried:	Place:	
Married:	Place:	
<b>Wife's father</b>		
Given name(s):		Last name:
<b>Wife's mother</b>		
Given name(s):		Maiden name:

## Children

List each child (whether living or dead) in order of birth

<b>1.</b> Given name(s):		<input type="checkbox"/> M <input type="checkbox"/> F	Last name:
Born (day/month/year):	Place:		
Christened/baptized:	Place:		
Died:	Place:		
Spouse Given name(s):		Last name:	
Married:	Place:		
<b>2.</b> Given name(s):		<input type="checkbox"/> M <input type="checkbox"/> F	Last name:
Born (day/month/year):	Place:		
Christened/baptized:	Place:		
Died:	Place:		
Spouse Given name(s):		Last name:	
Married:	Place:		
<b>3.</b> Given name(s):		<input type="checkbox"/> M <input type="checkbox"/> F	Last name:
Born (day/month/year):	Place:		
Christened/baptized:	Place:		
Died:	Place:		
Spouse Given name(s):		Last name:	
Married:	Place:		
<b>4.</b> Given name(s):		<input type="checkbox"/> M <input type="checkbox"/> F	Last name:
Born (day/month/year):	Place:		
Christened/baptized:	Place:		
Died:	Place:		
Spouse Given name(s):		Last name:	
Married:	Place:		

<b>Husband</b>		
Given name(s):		Last name:
<b>Wife</b>		
Given name(s):		Maiden name:
5. Given name(s): <input type="checkbox"/> M <input type="checkbox"/> F		Last name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Spouse Given name(s):		Last name:
Married:	Place:	
6. Given name(s): <input type="checkbox"/> M <input type="checkbox"/> F		Last name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Spouse Given name(s):		Last name:
Married:	Place:	
7. Given name(s): <input type="checkbox"/> M <input type="checkbox"/> F		Last name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Spouse Given name(s):		Last name:
Married:	Place:	
8. Given name(s): <input type="checkbox"/> M <input type="checkbox"/> F		Last name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Spouse Given name(s):		Last name:
Married:	Place:	
9. Given name(s): <input type="checkbox"/> M <input type="checkbox"/> F		Last name:
Born (day/month/year):	Place:	
Christened/baptized:	Place:	
Died:	Place:	
Spouse Given name(s):		Last name:
Married:	Place:	

**Other marriages** List other marriages of the husband, wife and children. List any necessary explanations.

**Sources of information** Add further information on attached sheets if necessary.