

Family Group Sheet

Ancestral Chart #: _____ Family #: _____

Prepared Date: _____ Prepared By: _____ Relationship to Preparer: _____

Address of Preparer: _____ Phone # _____ Email: _____

Husband's Name: _____ Nickname: _____ Occupation: _____ Religion: _____

Date of Birth: ____ (Day) ____ (Month) ____ (Year) Place of Birth: _____ (City) _____ (County) ____ (State)

Baptism/Christening: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____

First Holy Communion: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____

Confirmation: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____ Sponsor: _____

Marriage: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____

Divorced: ____ (Yes) ____ (No) Name of Spouse: _____ Date of Divorce: ____ (Day) ____ (Month) ____ (Year) City and State: _____

Died: ____ (Day) ____ (Month) ____ (Year) Place of Death: _____ (City) _____ (County) ____ (State)

Date of Visitation: ____ (Day) ____ (Month) ____ Year Place: _____

Date of Funeral: ____ (Day) ____ (Month) ____ Year Place: _____

Date of Burial: ____ (Day) ____ (Month) ____ (Year) Name of Cemetery: _____

Address of Cemetery: _____ Plot #: _____

Father's Name: _____ Mother's Name (Incl. Maiden): _____

List of Siblings: _____

List Other Spouses of Husband: _____

Military Service: ____ Yes ____ No Name of War or Conflict: _____ Enlisted Date: _____

Discharge Date: _____ Rank Achieved: _____ Medals: _____ Honors: _____

Did Husband Leave a Will: ____ (Yes) ____ (No) Date Written: _____ Date Proved: _____ Location of Will: _____

Cause of Death for Husband: _____

Wife's Name: _____ Nickname: _____ Occupation: _____ Religion: _____
Date of Birth: ____ (Day) ____ (Month) ____ (Year)
Place of Birth: _____ (City) _____ (County) _____ (State)
Baptism/Christening: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____
First Holy Communion: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____
Confirmation: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____ Sponsor: _____
Marriage: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____
Divorced: ____ (Yes) ____ (No) Name of Spouse: _____ Date of Divorce: ____ (Day) ____ (Month) ____ (Year) City and State: _____
Died: ____ (Day) ____ (Month) ____ (Year) Place of Death: _____ (City) _____ (County) ____ (State)
Date of Burial: ____ (Day) ____ (Month) ____ (Year) Name of Cemetery: _____
Address of Cemetery: _____ Plot #: _____
Father's Name: _____ Mother's Name (Incl. Maiden): _____
List of Siblings: _____

List Other Spouse of Wife: _____
Military Service: ____ Yes ____ No Name of War or Conflict: _____ Enlisted Date: _____
Discharge Date: _____ Rank Achieved: _____ Medals: _____ Honors: _____

Did Wife Leave a Will: ____ (Yes) ____ (No) Date Written: _____ Date Proved: _____ Location of Will: _____
Cause of Death for Wife: _____

Notes About the family: _____

Children:

Full Name: _____ Nickname: _____ Sex: _____(Male)_____(Female)
Date of Birth: ____ (Day) ____ (Month) ____ (Year) Place of Birth: _____ (City) _____ (County) _____ (State)
Baptism/Christening: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____
First Holy Communion: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____
Confirmation: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____ Sponsor: _____
Name of Spouse: _____ Date of Marriage: ____ (Day) ____ (Month) ____ (Year)
Divorced: ____ (Yes) ____ (No) Name of Spouse: _____ Date of Divorce: ____ (Day) ____ (Month) ____ (Year) City and State: _____
Died: ____ (Day) ____ (Month) ____ (Year) Place of Death: _____ (City) _____ (County) ____ (State)
Date of Visitation: ____ (Day) ____ (Month) ____ Year Place: _____
Date of Funeral: ____ (Day) ____ (Month) ____ Year Place: _____
Cause of Death: _____
Date of Burial: ____ (Day) ____ (Month) ____ (Year) Name of Cemetery: _____
Address of Cemetery: _____ Plot #: _____
Military Service: ____ Yes ____ No Name of War or Conflict: _____ Enlisted Date: _____
Discharge Date: _____ Rank Achieved: _____ Medals: _____ Honors: _____

Full Name: _____ Nickname: _____ Sex: ____ (Male) ____ (Female)
Date of Birth: ____ (Day) ____ (Month) ____ (Year) Place of Birth: _____ (City) _____ (County) ____ (State)
Baptism/Christening: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____
First Holy Communion: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____
Confirmation: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____ Sponsor: _____
Name of Spouse: _____ Date of Marriage: ____ (Day) ____ (Month) ____ (Year)
Divorced: ____ (Yes) ____ (No) Name of Spouse: _____ Date of Divorce: ____ (Day) ____ (Month) ____ (Year) City and State: _____
Died: ____ (Day) ____ (Month) ____ (Year) Place of Death: _____ (City) _____ (County) ____ (State)
Date of Visitation: ____ (Day) ____ (Month) ____ Year Place: _____
Date of Funeral: ____ (Day) ____ (Month) ____ Year Place: _____
Cause of Death: _____
Date of Burial: ____ (Day) ____ (Month) ____ (Year) Name of Cemetery: _____
Address of Cemetery: _____ Plot #: _____
Military Service: ____ Yes ____ No Name of War or Conflict: _____ Enlisted Date: _____
Discharge Date: _____ Rank Achieved: _____ Medals: _____ Honors: _____

Full Name: _____ Nickname: _____ Sex: ____ (Male) ____ (Female)
Date of Birth: ____ (Day) ____ (Month) ____ (Year) Place of Birth: _____ (City) _____ (County) ____ (State)
Baptism/Christening: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Place: _____
First Holy Communion: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____
Confirmation: ____ (Day) ____ (Month) ____ (Year) Name of Church: _____ Address: _____ Sponsor: _____
Name of Spouse: _____ Date of Marriage: ____ (Day) ____ (Month) ____ (Year)
Divorced: ____ (Yes) ____ (No) Name of Spouse: _____ Date of Divorce: ____ (Day) ____ (Month) ____ (Year) City and State: _____
Died: ____ (Day) ____ (Month) ____ (Year) Place of Death: _____ (City) _____ (County) ____ (State)
Date of Visitation: ____ (Day) ____ (Month) ____ Year Place: _____
Date of Funeral: ____ (Day) ____ (Month) ____ Year Place: _____
Cause of Death: _____
Date of Burial: ____ (Day) ____ (Month) ____ (Year) Name of Cemetery: _____
Address of Cemetery: _____ Plot #: _____
Military Service: ____ Yes ____ No Name of War or Conflict: _____ Enlisted Date: _____

Discharge Date: _____ Rank Achieved: _____ Medals: _____ Honors: _____