Height	Weight	Hair Color	Eye Color	Other

Gen#_____

Ind# _____

Fam# _____

INDIVIDUAL WORK SHEET

NAME IN FULL: _____ Nickname (AKA): _____

BIRTH: Date: _____ Christening Date: _____

City, County, _____ City, County, _____

PARENTS: Father: _____ Ind#____ Mother: _____ Ind#____

DEATH: Date: _____ Probate: _____

City, County, _____ Obituary: _____

BURIAL: Date: _____ Funeral Home: _____

City, County, _____ Cemetery: _____

1ST MARRIAGE: Date: _____ Announcement: _____

City, County, _____ Place: _____

Spouse: _____ Ind#____ Nickname(AKA): _____

Father: _____ Ind# Mother: _____ Ind#

2ND MARRIAGE: Date: _____ Announcement: _____

City, County, _____ Place: _____

Spouse _____ Ind#____ Nickname (AKA): _____

Father: _____ Ind# Mother: _____ Ind#

Immigration/Naturalization: _____

_____

Schooling: _____

Religion: _____

Occupations: _____

Military Service: _____

_____

Census Records:

Year State County City Street

_____

_____

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