

# Family Group Record

If typing, set spacing at 1 1/2. Page \_\_\_\_\_ of \_\_\_\_\_

Write date as: 4 Oct. 1896

Write place as: Tryon, Polk, North Carolina, USA or  
St. Martins, Birmingham, Warwick, Eng.

<b>Husband</b> Given name(s)		Last name		<input type="checkbox"/> See "Other marriages"
Born (day month year)	Place			
Christened	Place			
Died	Place			
Buried	Place			
Married	Place			
Husband's father Given name(s)		Last name		<input type="checkbox"/> Deceased
Husband's mother Given name(s)		Maiden name		<input type="checkbox"/> Deceased
<b>Wife</b> Given name(s)		Last name		<input type="checkbox"/> See "Other marriages"
Born (day month year)	Place			
Christened	Place			
Died	Place			
Buried	Place			
Wife's father Given name(s)		Last name		<input type="checkbox"/> Deceased
Wife's mother Given name(s)		Maiden name		<input type="checkbox"/> Deceased
<b>Children</b> List each child (whether living or dead) in order of birth.				
<b>1</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
	Born (day month year)	Place		
	Christened	Place		
	Died	Place		
	Spouse Given name(s)	Last name		
	Married	Place		
<b>2</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
	Born (day month year)	Place		
	Christened	Place		
	Died	Place		
	Spouse Given name(s)	Last name		
	Married	Place		
<b>3</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
	Born (day month year)	Place		
	Christened	Place		
	Died	Place		
	Spouse Given name(s)	Last name		
	Married	Place		
<input type="checkbox"/>	Your name			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	Phone ( )		Date prepared	

<b>Husband</b> Given name(s)	Last name
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<b>Wife</b> Given name(s)	Maiden name
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**Children** List each child (whether living or dead) in order of birth.

<b>4</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
		Born (day month year)	Place	
		Christened	Place	
		Died	Place	
		Spouse Given name(s)	Last name	
		Married	Place	

<b>5</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
		Born (day month year)	Place	
		Christened	Place	
		Died	Place	
		Spouse Given name(s)	Last name	
		Married	Place	

<b>6</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
		Born (day month year)	Place	
		Christened	Place	
		Died	Place	
		Spouse Given name(s)	Last name	
		Married	Place	

<b>7</b>	Sex	Given name(s)	Last name	<input type="checkbox"/> See "Other marriages"
		Born (day month year)	Place	
		Christened	Place	
		Died	Place	
		Spouse Given name(s)	Last name	
		Married	Place	

**Other marriages**

  
  
  
  

**Sources of Information** Add further information on attached sheets as necessary.

  
  
  
  

**Note:** Please take every reasonable step to see that the information on this form is as accurate and complete as practical.