

FAMILY GROUP CHART

SURNAME _____

HUSBAND _____

BORN _____ WHERE _____

MARRIED _____ WHERE _____

DIED _____ WHERE _____

HUSBAND'S FATHER _____ MOTHER _____

HUSBAND'S OTHER WIVES _____

WIFE Maiden Name _____

BORN _____ WHERE _____

DIED _____ WHERE _____

WIFE'S FATHER _____ MOTHER _____

WIFE'S OTHER HUSBAND'S _____

CHILD	SEX	CHILDREN of this Marriage	BORN		DIED		MARRIED TO	
			Date	Place	Date	Place	Date	Place
1		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
2		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
3		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
4		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
5		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
6		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
7		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
8		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
9		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
10		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
11		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
12		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
13		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
14		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

SOURCE OF INFORMATION or documentation, use back of page for additional sources.

Date _____
 Compiler _____
 Address _____
 City _____ State _____ Zip _____