

Family Group Record

Family group record number _____. Page _____ of _____.

Birth date	Birthplace	
Christening date	Christening place	
Marriage date	Marriage place	
Death date	Death place	
Burial date	Burial place	
		<input type="checkbox"/> Deceased
		<input type="checkbox"/> Deceased
Other parents and other spouses		

Birth date	Birthplace	
Christening date	Christening place	
Death date	Death place	
Burial date	Burial place	
		<input type="checkbox"/> Deceased
		<input type="checkbox"/> Deceased
Other parents and other spouses		

Children

Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			

Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			

Family Group Record—continued

Children—continued	
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place Spouse
Death date	Death place
Other parents and other spouses	
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place Spouse
Death date	Death place
Other parents and other spouses	
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place Spouse
Death date	Death place
Other parents and other spouses	
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place Spouse
Death date	Death place
Other parents and other spouses	
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Birthplace
Christening date	Christening place
Marriage date	Marriage place Spouse
Death date	Death place
Other parents and other spouses	

Family Group Record—continued

Children—continued			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			
Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birthplace		
Christening date	Christening place		
Marriage date	Marriage place	Spouse	
Death date	Death place		
Other parents and other spouses			