

NAME OF ANCESTOR:	RELATION TO YOU:
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	INFORMATION	NOTES	DOCUMENT OR SOURCE	ARCHIVE & REFERENCE
<input type="checkbox"/> DATE OF BIRTH: ____/____/____				
<input type="checkbox"/> DATE OF BAPTISM: ____/____/____				
<input type="checkbox"/> DATE OF MARRIAGE: ____/____/____				
<input type="checkbox"/> DATE OF DEATH: ____/____/____				
<input type="checkbox"/> DATE OF BURIAL: ____/____/____				
<input type="checkbox"/> OBITUARY OR DEATH NOTICE:				
<input type="checkbox"/> WILL OR ADMINISTRATION:				
<input type="checkbox"/> PRINCIPAL OCCUPATIONS:				
<input type="checkbox"/> PRINCIPAL RESIDENCES:				
<input type="checkbox"/> MILITARY SERVICE:				