

Genealogy Questionnaire

Your full name: _____ Date of Birth: _____ Location: _____

Your Mother's full name: _____ Date of Birth: _____ Location: _____

Your Father's full name: _____ Date of Birth: _____ Location: _____

Were they married at the time of your birth?

If not, were they ever married?

Do you have children?

Please list all spouses or persons you've had children with:

Check if you ever married this person:

#1. Name: _____ DOB: _____ Location: _____

If Married, list date of marriage: _____ Divorced? Yes No If so, date: _____

Their father's name: _____ Their mother's name: _____

#2. Name: _____ DOB: _____ Location: _____

If Married, list date of marriage: _____ Divorced? Yes No If so, date: _____

Their father's name: _____ Their mother's name: _____

#3. Name: _____ DOB: _____ Location: _____

If Married, list date of marriage: _____ Divorced? Yes No If so, date: _____

Their father's name: _____ Their mother's name: _____

#4. Name: _____ DOB: _____ Location: _____

If Married, list date of marriage: _____ Divorced? Yes No If so, date: _____

Their father's name: _____ Their mother's name: _____

#5. Name: _____ DOB: _____ Location: _____

If Married, list date of marriage: _____ Divorced? Yes No If so, date: _____

Their father's name: _____ Their mother's name: _____

#6. Name: _____ DOB: _____ Location: _____

If Married, list date of marriage: _____ Divorced? Yes No If so, date: _____

Their father's name: _____ Their mother's name: _____

Your children:

1. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
2. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
3. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
4. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
5. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
6. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
7. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
8. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
9. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____
10. Name: _____	M	F	DOB: _____	Location: _____	# of parent above: _____

Thank you for taking the time to fill this form out. All information provided will be recorded in the work that I am doing and will be used for genealogy purposes only. Please contact me if you have any concerns or questions, or would like to learn more about the family. Please use the additional space below to add additional persons or any comments: