Family Questionnaire

NAME:	
Husband's Name:	
Birth Date:	Place:
Christening Date:	Place:
Death Date:	Place:
Burial Date:	Place:
Husband's Father's Name:	
Husband's Mother's Name:	
Husband's Paternal Grandfather's Name:	
Husband's Paternal Grandmother's Name:	
Husband's Maternal Grandfather's Name:	
Husband's Maternal Grandmother's Name:	
Wife's Name (maiden name):	
Birth Date:	
Christening Date:	Place:
Death Date:	
Burial Date:	Place:
Wife's Father's Name:	
Wife's Mother's Name:	
Wife's Paternal Grandfather's Name:	
Wife's Paternal Grandmother's Name:	
Wife's Maternal Grandfather's Name:	
Wife's Maternal Grandmother's Name:	
Marriage Date:	Place:
1. Name: (Male / Female):	
Birth Date:	
Christening Date:	
Death Date:	
Burial Date:	
Spouse (birth name):	

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Family Questionnaire

2. Name: (Male / Female):		
	Place:	
Christening Date:	Place:	
Death Date:		
Burial Date:	Place:	
Spouse (birth name):		
3. Name: (Male / Female):		
Birth Date:	Place:	
Christening Date:	Place:	
Death Date:	Place:	
Burial Date:	Place:	
Spouse (birth name):		
4. Name: (Male / Female):		
Birth Date:	Place:	
Christening Date:	Place:	
Death Date:	Place:	
Burial Date:	Place:	
Spouse (birth name):		
Other Information:		
NOTES:_		
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