

Family Group Report

For: _____

Date Prepared: _____

Name: _____ Father: _____
 Born: _____ Where: _____ Born: _____ Died: _____
 Died: _____ Where: _____ Mother: _____
 NOTES: _____ Born: _____ Died: _____

EVENT Information:

TYPE: _____ DATE: _____ () PLACE: _____ IMPORT: _____

NOTES: _____

TYPE: _____ DATE: _____ () PLACE: _____ IMPORT: _____

NOTES: _____

Spouse: _____ Father: _____
 Born: _____ Where: _____ Born: _____ Died: _____
 Married: _____ Where: _____ Mother: _____
 until: _____ at _____ Born: _____ Died: _____
 Died: _____ Where: _____
 NOTES: _____

Spouse: _____ Father: _____
 Born: _____ Where: _____ Born: _____ Died: _____
 Married: _____ Where: _____ Mother: _____
 until: _____ at _____ Born: _____ Died: _____
 Died: _____ Where: _____
 NOTES: _____

M/F	Child's NAME	Birth DATE/PLACE	#CH	Death DATE/PLACE	Last MARRIED/SPOUSE
1. _	_____	D: _____ P: _____	_____	D: _____ P: _____	_____
2. _	_____	D: _____ P: _____	_____	D: _____ P: _____	_____
3. _	_____	D: _____ P: _____	_____	D: _____ P: _____	_____
4. _	_____	D: _____ P: _____	_____	D: _____ P: _____	_____

Residence Information

From: _____ to: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 NOTES: _____

Medical Information

Date: _____ Diagnosis: _____ Status: _____ Status Date: _____
 NOTES: _____

From: _____ to: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 NOTES: _____

Education Information

From: _____ to: _____ Level: _____ Degree: _____ Subject1: _____ Subject2: _____
 NOTES: _____

From: _____ to: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 NOTES: _____

Occupation Information

From: _____ to: _____ Type Work: _____
 NOTES: _____

From: _____ to: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 NOTES: _____

Military Information

From: _____ to: _____ Rank: _____ Status: _____
 NOTES: _____

From: _____ to: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 NOTES: _____

Send Information to:

Phillip E. Brown, 1975 Hickory Tree Lane, Tallahassee, FL 32303