More forms are available FREE at
http://www.ancestrycorner.com

Family Group Sheet

Information Obtained From:

Compiler:

Address:

City:

State:

Date:

Husband's Full Name

Date of:	Day Month Year	Town	County	State or Country	Additional Info.
Birth:					
Marriage:					
Death:					
Burial:					

Places of Residence:

Occupation: Religion: Military Record:

Other wives:

His father: His mother:

Wife's Full Maiden Name

Date of:	Day Month Year	Town	County	State or Country	Additional Info.
Birth:					
Marriage:					
Death:					
Burial:					

Places of Residence:

Occupation, if other than Housewife: Religion:

Other husbands:

Her father: Her mother:

Sex:	Children's Full Names:	Date of:	Day Month Year	Town	County	State or Country	Additional Info.
	1.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	2.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	3.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	4.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	5.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	6.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	7.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					
	8.	Birth:					
		Marriage:					
	Full Name of Spouse:	Death:					
		Burial:					