Family Group Sheet

Number: _____

Husband:	Occupation(s):	Religion:

Born: _____ Spouse(s): _____ Married: _____

Christened: _____ _____ Married: _____

Died: _____ _____ Married: _____

Buried/Cremated: _____ Father: _____

Mother: _____

Wife:	Occupation(s):	Religion:

Born: _____ Spouse(s): _____ Married: _____

Christened: _____ _____ Married: _____

Died: _____ _____ Married: _____

Buried/Cremated: _____ Father: _____

Mother: _____

Children

M/F	Name	Surname (if different)	Born	Died	Spouse/Partner	See Sheet #

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Prepared by: _____ Date: _____