1	7	a	t	e

Thank you for taking the time to fill out this form for your household. This information will be collected, sorted and a family tree, directory and hopefully a full color book describing the family's history will be created. Please complete and return to Carol (Milton) carol@therahmigs.com as soon as possible. Thank you again.

Family Contact Name:	Phone:	Please do not complete
Address:	Email:	Family Unit #:
City, State, Zip:		Family Tree Chart #:

Husband's Full Name:	Father's Name:	Mother's Name:	
Date of Birth:	Hospital:	City, State:	
Religion:	Baptized/Christened Date:	Location/Church:	
Marriage Date:	Church/Location:	Other Wives:	
Deceased Date:	Cause of Death:	Cemetery/Location:	
Occupation(s):	Degree(s):	Ind. ID#:	
Wife's Maiden	Father's Name:	Mather's Name:	
Name:		First Middle (Maiden) Last	
Date of Birth:	Hospital:	City, State:	
Religion:	Baptized/Christen Date:	Church Name:	
Occupation(s):	Degree(s):	Other Kusbands:	
Deceased Date:	Cause of Death:	Cemetery/Location:	
		Ind. 90#:	

Children's Full Name	Sex M/F	Date of Birth	Birthplace		Deceased	Cause of		Marriage	ID		
			City	County	State/ Country	Date	Death	Name of Spouse	Date	ID #	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											