



National Genealogical Society

Husband's Code _____

Family Group Sheet

Wife's Code _____

HUSBAND'S NAME: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Present Address or Place of Burial: _____

Father's Name: _____ Mother's Maiden Name: _____

Marriage Date this Husband and Wife: _____ Marriage Place: _____

Was there Another Marriage: By Husband: ☐ By Wife: ☐ Divorced: ☐ When: _____

WIFE'S MAIDEN NAME: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Present Address or Place of Burial: _____

Father's Name: _____ Mother's Maiden Name: _____

Other items of interest about this couple: _____

No.	Children (Birth Order)	(on) Birth Information (at)	(on) Death Information (at)	(on) Marriage Information (to)
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Researched By: _____

Research Date: _____

Address: _____