

# Family Genealogy Questionnaire

<b>Name</b>			
Birth		Place	
Death		Place	
Burial		Place	
Occupation		Place	
Education		Place	
Religion		Place	
Cause of death			
Education			
Emigration		Place	
Eye color			
Graduation		Place	
Hobbies			
Married Name			
Medical			
Military		Place	
Address			
Phone/FAX			
e-mail			
Father			
Mother			
Other spouses			
Marriage		Place	
Status		Place	
<b>Name</b>			
Birth		Place	
Death		Place	
Burial		Place	
Occupation		Place	
Education		Place	
Religion		Place	
Cause of death			
Education			
Emigration		Place	
Eye color			
Graduation		Place	
Hobbies			
Married Name			
Medical			
Military		Place	
Address			
Phone/FAX			
e-mail			
Father			
Mother			
Other spouses			
<b>Children</b>			
<b>1 M F</b>			
Spouse			
<b>2 M F</b>			
Spouse			
<b>3 M F</b>			
Spouse			
<b>4 M F</b>			
Spouse			
<b>Notes for .....</b>			

<b>Name</b>	
<b>Name</b>	
<b>Notes for ..... (Continued)</b>	
<b>Notes for .....</b>	