

Family Tree Information Form



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Complete this information form to help piece together our family tree jigsaw puzzle. Please use one form for each person you are providing information for. Once you have completed as much information about this person as you can on both pages of this form, please:

Select the "**Submit by Email**" button above to email this form or

Select the "**Print Form**" button above to print this form so that you can post it to the address on the right.

Your Information

Name	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Family Member's Details

Family Name	<input type="text"/>
First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Religion	<input type="text"/>
Occupation	<input type="text"/>
Father's Name/s	<input type="text"/>
Marital Status	<input type="text"/>
Date of Marriage	<input type="text"/>
Date of Death	<input type="text"/>
Date of Burial	<input type="text"/>

Middle Name/s	<input type="text"/>
Place of Birth	<input type="text"/>
Maiden Name	<input type="text"/>
Education	<input type="text"/>
Mother's Name/s	<input type="text"/>
Previous Spouse	<input type="text"/>
Place of Marriage	<input type="text"/>
Place of Death	<input type="text"/>
Place of Burial	<input type="text"/>

Additional Notes or Other Information

Spouse's Details

Family Name	<input type="text"/>
First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Religion	<input type="text"/>
Occupation	<input type="text"/>
Father's Name/s	<input type="text"/>
Marital Status	<input type="text"/>
Date of Marriage	<input type="text"/>
Date of Death	<input type="text"/>
Date of Burial	<input type="text"/>

Middle Name/s	<input type="text"/>
Place of Birth	<input type="text"/>
Maiden Name	<input type="text"/>
Education	<input type="text"/>
Mother's Name/s	<input type="text"/>
Previous Spouse	<input type="text"/>
Place of Marriage	<input type="text"/>
Place of Death	<input type="text"/>
Place of Burial	<input type="text"/>

1st Child

First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Marital Status	<input type="text"/>
Date of Death	<input type="text"/>

Middle Name/s	<input type="text"/>
Place of Birth	<input type="text"/>
Name of Spouse	<input type="text"/>
Place of Death	<input type="text"/>

2nd Child

First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Marital Status	<input type="text"/>
Date of Death	<input type="text"/>

Middle Name/s	<input type="text"/>
Place of Birth	<input type="text"/>
Name of Spouse	<input type="text"/>
Place of Death	<input type="text"/>

3rd Child

First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Marital Status	<input type="text"/>
Date of Death	<input type="text"/>

Middle Name/s	<input type="text"/>
Place of Birth	<input type="text"/>
Name of Spouse	<input type="text"/>
Place of Death	<input type="text"/>

4th Child

First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Marital Status	<input type="text"/>
Date of Death	<input type="text"/>

Middle Name/s	<input type="text"/>
Place of Birth	<input type="text"/>
Name of Spouse	<input type="text"/>
Place of Death	<input type="text"/>