



Harmon E. Stockdale, Sr. (Historian)  
PO BOX 24615, Rochester, NY 14624  
[Stock716@aol.com](mailto:Stock716@aol.com)

# Stockdale Family History Questionnaire

## Contact Information

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address (Line 1) \_\_\_\_\_

Address (Line 2) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Occupational

## Educational Achievements

\_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Additional Comments

*Make use of the following section to enter additional comments and/or other significant events relevant to persons listed on respective page. Photos as well as other media files may be shared via email attachment when submitting form. If more space is needed, attach comments to an email and/or additional page.*



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# Stockdale Family History Questionnaire

## Your Vital Information

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Spouses (Last, First, Middle)

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Children (Last, First, Middle)

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

*Female*

*Deceased*

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  Birth Date \_\_\_\_\_  City \_\_\_\_\_ State \_\_\_\_\_

## Additional Comments



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# Stockdale Family History Questionnaire

## Your Parents' Vital Information

Father's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Death Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's Name (Maiden) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Death Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Other Spouses (Last, First, Middle)

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Children (Last, First, Middle)

	<i>Female</i>	<i>Deceased</i>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____

## Additional Comments



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# Stockdale Family History Questionnaire

## Your Paternal Grandparents' Vital Information

Father's Father (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Death Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's Mother (Maiden) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Death Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Other Spouses (Last, First, Middle)

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Children (Last, First, Middle)

	<i>Female</i>	<i>Deceased</i>	
_____	Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____
_____	<input type="checkbox"/> Birth Date _____	<input type="checkbox"/> City _____	State _____

## Additional Comments



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# Stockdale Family History Questionnaire

## Your Maternal Grandparents' Vital Information

Mother's Father (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Death Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's Mother (Maiden) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Death Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Other Spouses (Last, First, Middle)

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Wedding Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Children (Last, First, Middle)

	<i>Female</i>	<i>Deceased</i>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Date _____ City _____ State _____

## Additional Comments