

# CHILDREN FORM

FROM: \_\_\_\_\_

PLEASE RETURN TO: \_\_\_\_\_

CHILDREN OF: \_\_\_\_\_

Child # \_\_\_\_ Full name? \_\_\_\_\_

Date of birth? \_\_\_\_\_

Place of birth? \_\_\_\_\_

Date of marriage \_\_\_\_\_

Place of marriage? \_\_\_\_\_

To whom married? \_\_\_\_\_

Number of children by this marriage? \_\_\_\_\_

Date of death? \_\_\_\_\_

Place of death? \_\_\_\_\_

Cemetery, city, county, state where buried? \_\_\_\_\_

Full address of this child or one of his survivors? \_\_\_\_\_

Child # \_\_\_\_ Full name? \_\_\_\_\_

Date of birth? \_\_\_\_\_

Place of birth? \_\_\_\_\_

Date of marriage? \_\_\_\_\_

Place of marriage? \_\_\_\_\_

To whom married? \_\_\_\_\_

Number of children by this marriage? \_\_\_\_\_

Date of death? \_\_\_\_\_

Place of death? \_\_\_\_\_

Cemetery, city, county, state where buried? \_\_\_\_\_

Full address of this child or one of his survivors? \_\_\_\_\_