

Family Group Report

For: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Name: \_\_\_\_\_ Father: \_\_\_\_\_  
 Born: \_\_\_\_\_ Where: \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_  
 Died: \_\_\_\_\_ Where: \_\_\_\_\_ Mother: \_\_\_\_\_  
 NOTES: \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_

EVENT Information:

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_ ( ) PLACE: \_\_\_\_\_ IMPORT: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Spouse: \_\_\_\_\_ Father: \_\_\_\_\_  
 Born: \_\_\_\_\_ Where: \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_  
 Married: \_\_\_\_\_ Where: \_\_\_\_\_ Mother: \_\_\_\_\_  
 until: \_\_\_\_\_ at \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_  
 Died: \_\_\_\_\_ Where: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Spouse: \_\_\_\_\_ Father: \_\_\_\_\_  
 Born: \_\_\_\_\_ Where: \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_  
 Married: \_\_\_\_\_ Where: \_\_\_\_\_ Mother: \_\_\_\_\_  
 until: \_\_\_\_\_ at \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_  
 Died: \_\_\_\_\_ Where: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

M/F	Child's NAME	Birth DATE/PLACE	#CH	Death DATE/PLACE	Last MARRIED/SPOUSE
1. _	_____	D: _____ P: _____	____	D: _____ P: _____	_____
2. _	_____	D: _____ P: _____	____	D: _____ P: _____	_____
3. _	_____	D: _____ P: _____	____	D: _____ P: _____	_____
4. _	_____	D: _____ P: _____	____	D: _____ P: _____	_____

Residence Information

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_, \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Z/C: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Medical Information

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Status: \_\_\_\_\_ Status Date: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_, \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Z/C: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Education Information

From: \_\_\_\_\_ to: \_\_\_\_\_ Level: \_\_\_\_\_ Degree: \_\_\_\_\_ Subject1: \_\_\_\_\_ Subject2: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_, \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Z/C: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Occupation Information

From: \_\_\_\_\_ to: \_\_\_\_\_ Type Work: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_, \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Z/C: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Military Information

From: \_\_\_\_\_ to: \_\_\_\_\_ Rank: \_\_\_\_\_ Status: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_, \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Z/C: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

Send Information to:

Phillip E. Brown, 1975 Hickory Tree Lane, Tallahassee, FL 32303