



Studebaker Family National Assoc.
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 937-667-7013
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 www.studebakerfamily.org

Date _____
 Submitted by _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Email _____

BIOGRAPHY PAGE

Help our efforts to keep track of the family by filling out and mailing in a biography page for each person in your family. Any copies of records supporting this information are welcome, e.g., certificates of birth, marriage, death, etc. Also, we welcome photographs of all members and ancestors for our archive. Please provide names of subjects on back of photos.

Studebaker Immigrant Ancestor (circle one) **Peter** **Clement** **Heinrich** **Don't Know** **Not Applicable**

Subject's Data: Male _____ Female _____ Membership ID# _____ SFNA Genealogy No. _____

First _____ Middle _____ Maiden _____ Last _____

Nickname(s) _____ Religious Affiliation _____

Birth Date: Day _____ Month _____ Year _____ Facility _____

Birth Place: City _____ County _____ State/Prov _____ Country _____

Death (if applicable): Day _____ Month _____ Year _____ Cause _____

Burial (if applicable): Facility _____ County _____ State/Prov _____ Country _____

Occupation(s) _____ Year Retired _____

High School _____ City _____ State _____ Year Graduated _____

College/University (1) _____ State _____ Yr.Grad _____ Degree _____

College/University (2) _____ State _____ Yr.Grad _____ Degree _____

College/University (3) _____ State _____ Yr.Grad _____ Degree _____

Military Service: Branch _____ Rank _____ War/Conflict/Dates _____

Medals/Honors Awarded _____

Hobbies/Special Interests _____

Special Awards/Achievements _____

Subject's Father: Studebaker descendant? Yes No Don't know

Name: First _____ Middle _____ Last _____

Born: Date (day/month/year) _____ Place: _____

Subject's Mother: Studebaker descendant? Yes No Don't Know

Name: First _____ Middle _____ Maiden _____

Born: Date (day/month/year) _____ Place: _____

Please duplicate this page as necessary for multiple marriages of subject.

Subject's Name _____ SFNA Genealogy No. _____ Date: _____
(from page 1)

Subject's Spouse (please circle pertinent no. & gender) 1st 2nd 3rd 4th Male Female

Date of Marriage: Day _____ Month _____ Year _____ Facility _____

Place of Marriage: City _____ County _____ St/Prov _____ Country _____

Name: First _____ Middle _____ Maiden _____ Last _____

Birth Date: Day _____ Month _____ Year _____ Facility _____

Birth Place: City _____ County _____ St/Prov _____ Country _____

Death / Divorce (circle one if applicable) Date (day/month/year) _____ Place _____

Spouse's Father's Name: First _____ Middle _____ Last _____

Spouse's Mother's Name: First _____ Middle _____ Maiden _____

Children of Subject and this Spouse

The relationship of parents and children in blended families is often unclear. If both the above subject and spouse are not the biological parents of a child listed below, please provide additional data / clarification on the lines below. Use this section, also, to give the date and place of childhood or young adult deaths. Please remember to reference pertinent line numbers.

- (day/month/year)**
1. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 2. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 3. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 4. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 5. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 6. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 7. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___
 8. Full Name: _____ Male ___ Female ___ Birth Date: ___/___/___

Additional Data / Clarification / Favorite Family Story (please continue on additional sheet if necessary)
