

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

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

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

Date of Marriage: _____ Facility _____

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

Name: First _____ Middle _____ Maiden _____ Last _____

Birth Date: _____ Facility _____

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

Death Divorce (check if applicable) Date: _____ 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)