

4. Child's name: _____ M/F _____ DOB: _____
Place of Birth: City: _____ County: _____ State: _____
5. Child's name: _____ M/F _____ DOB: _____
Place of Birth: City: _____ County: _____ State: _____

If any of these children are deceased, please answer the following:

Name of Child: _____ DOD _____
Place of Death: City: _____ County: _____ State: _____ Cause of Death/Cemetery Name/location: _____

2. Spouse's name: _____ DOB: _____
Marriage Date: _____ Marriage Place: _____
Status: _____ Married _____ Divorced _____ Death

Children of this marriage (biological or legally adopted)

1. Child's name: _____ M/F _____ DOB: _____
Place of Birth: City: _____ County: _____ State: _____
2. Child's name: _____ M/F _____ DOB: _____
Place of Birth: City: _____ County: _____ State: _____
3. Child's name: _____ M/F _____ DOB: _____
Place of Birth: City: _____ County: _____ State: _____

If any of these children are deceased, please answer the following:

Name of Child: _____ DOD _____
Place of Death: City: _____ County: _____ State: _____ Cause of Death/Cemetery Name/location: _____

3. Spouse's name: _____ DOB: _____
Marriage Date: _____ Marriage Place: (city/county/state) _____
Status: _____ Married _____ Divorced _____ Death

1. Child's name: _____ M/F _____ DOB: _____
Place of Birth: City: _____ County: _____ State: _____

If any of these children are deceased, please answer the following:

Name of Child: _____ DOD _____
Place of Death: City: _____ County: _____ State: _____ Cause of Death/Cemetery Name/location: _____

4. Spouse's name: _____ DOB: _____
Marriage Date: _____ Marriage Place: (city/county/state) _____