

Name: \_\_\_\_\_ Age this year: \_\_\_\_\_  
Sister \_\_\_\_, Brother \_\_\_\_, Living \_\_\_\_, Deceased \_\_\_\_, Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional information on this sibling: \_\_\_\_\_

N. Do you have Children? If yes, complete following.  
Name: \_\_\_\_\_ Age this year: \_\_\_\_\_  
Son \_\_\_\_, Daughter \_\_\_\_, Living \_\_\_\_, Deceased \_\_\_\_, Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional information on this child: \_\_\_\_\_

O. Do you have any grandchildren or great-grandchildren? IF yes please list:  
Name: \_\_\_\_\_ Age this year: \_\_\_\_\_, \_\_ Less than 1  
year.  
\_\_ Male, \_\_ Female, \_\_ Deceased, Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
(Great \_\_) Grandson \_\_, (Great \_\_) Granddaughter \_\_, \_\_, Deceased \_\_  
Parents Names: \_\_\_\_\_  
Additional information on this Grandchild: \_\_\_\_\_

P. Please list your close friends: Please include other relatives such as nephews  
and nieces, and people with whom you have formed a family-like bond.  
Name: \_\_\_\_\_, Age \_\_\_\_\_, \_\_ Male, \_\_ Female, \_\_  
Deceased, Occupation: \_\_\_\_\_, Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_ Relative, If relative, what relationship \_\_\_\_\_  
Additional information on this friend or relative: \_\_\_\_\_

Q. Education: Please list schools you wish to have included in your biography.  
Schools attended? \_\_\_\_\_, Years: From: \_\_\_\_\_ Until: \_\_\_\_\_  
Additional information on this school: (Favorite childhood/School memories)  
\_\_\_\_\_

R. Career, Employment: Please list employers you wish to have included in your  
biography: Employer \_\_\_\_\_ Years From: \_\_\_\_\_ Until: \_\_\_\_\_  
Additional information on this job (types of duties, etc, satisfaction with this type  
of work): \_\_\_\_\_  
Please discuss careers you have undertaken in life: \_\_\_\_\_

S. Military: Have you ever served in the military? Yes \_\_\_\_, No \_\_\_\_, If yes:  
Branch of Service? \_\_\_\_\_ From: \_\_\_\_\_ Until: \_\_\_\_\_  
Additional information on Military Service: (types of duties, etc, satisfaction with  
this type of work): \_\_\_\_\_

T. Residence: Please list important places where you have lived:  
Residence Information: Current Address: Yes \_\_\_\_, No \_\_\_\_.  
Street Address: \_\_\_\_\_  
City/State/Zip; \_\_\_\_\_  
Country: \_\_\_\_\_ Years: From \_\_\_\_\_ Until: \_\_\_\_\_  
Additional information on this address: \_\_\_\_\_