

DATA WORK SHEET (For recording genealogical information as it is gathered from various sources.)

Date	Search No.	Enclosure No.	Name of Subject						
Printed Record			Subject's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country
Vol.	Page	Location	Birth						
Document Dated		Recorded	Chr'nd						
Who controls or has record?			Mar.						
<input type="checkbox"/> Bible			Death						
<input type="checkbox"/> Census			Burial						
<input type="checkbox"/> Church			Places of Residence						
<input type="checkbox"/> Correspondence			Occupation	Church Affiliation			Military Rec.		
<input type="checkbox"/> Court			Father	Mother					
<input type="checkbox"/> Deed			Name of Spouse						
<input type="checkbox"/> History			Spouse's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country
<input type="checkbox"/> Home			Birth						
<input type="checkbox"/> Interview			Chr'nd						
<input type="checkbox"/> Military			Death						
<input type="checkbox"/> Obituary			Burial						
<input type="checkbox"/> Tombstone			Places of Residence						
<input type="checkbox"/> Vital Record			Occupation	Church Affiliation			Military Rec.		
<input type="checkbox"/> Other			Father	Mother					
<input type="checkbox"/> Original: <input type="checkbox"/> Certified Copy: <input type="checkbox"/> Recorded Copy:			Copy verbatim on this form the information you find in the various records or books as you do your research. (You will find differences in records.) Make a separate sheet for each search or each name or family on your line found in a search. Then, after information has been extracted from all sources, you may easily make comparisons of statements, judge value of each, and record correct data on a permanent form such as A1, F1, F3 or F6. See The Sixth Edition THE HOW BOOK FOR GENEALOGISTS for additional suggestions regarding the use of this sheet.						
<input type="checkbox"/> Transcribed Copy: <input type="checkbox"/> Extract:									
<input type="checkbox"/> Photo Copy: <input type="checkbox"/> Handwritten: <input type="checkbox"/> Typewritten: <input type="checkbox"/> Printed:									

Legibility									
Sex	Children's names in full (Arrange in order of birth)	Children's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. info. on children
1	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							
2	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							
3	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							
4	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.