

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 Birth	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.