

Own name: * _____

Born: _____ Where: _____

Name Partner: _____

Born: _____ Where: _____

Married: Y/N. When: _____

Where: _____

Own fathers name: * _____

Born: _____ Where: _____

Own mothers name: _____

Born: _____ Where: _____

	Children:	Born:	Boy/ Girl:
1:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

	Names of brothers & sisters:	Born:	M/ F
1:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Do you have more information, please write it down below.