



Descendant Information Form – Part 1

Full Name of Deceased _____

(If needed, enter names of additional individuals on reverse of form.)

Date of Birth of Deceased (mm/dd/yy) _____

Date of Death of Deceased (mm/dd/yy) _____

Relationship to Descendant _____

Descendant Contact Information

Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

Family History

Is published information available? Yes No. **If yes, where is information available?**

Historically Significant or Interesting Family Details:

Descendant Information Form – Part 2

Full Name of Deceased² _____

Date of Birth of Deceased (mm/dd/yy) _____

Date of Death of Deceased (mm/dd/yy) _____

Relationship to Descendant _____

Full Name of Deceased³ _____

Date of Birth of Deceased (mm/dd/yy) _____

Date of Death of Deceased (mm/dd/yy) _____

Relationship to Descendant _____

Full Name of Deceased⁴ _____

Date of Birth of Deceased (mm/dd/yy) _____

Date of Death of Deceased (mm/dd/yy) _____

Relationship to Descendant _____

Full Name of Deceased⁵ _____

Date of Birth of Deceased (mm/dd/yy) _____

Date of Death of Deceased (mm/dd/yy) _____

Relationship to Descendant _____

Other Family Relationships and Information

