

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME William Mathew HUNT
 Date of Birth 24 Dec 1960 Place North Hollywood, Calif
 Date of Death _____ Place _____

Present Address (or) Place of Burial _____
 His Father Donald Dean Hunt His Mother's Maiden Name Katharina Delores Thiessen

Date of Marriage of HUSBAND and WIFE on this sheet _____ Place _____
 Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? _____

WIFE'S MAIDEN NAME _____ (Use separate sheet for each marriage)
 Date of Birth _____ Place _____
 Date of Death _____ Place _____

Present Address (or) Place of Burial _____
 Her Father _____ Her Mother's Maiden Name _____

Items of interest about the above couple (occupations, hobbies, achievements; social, civil, and political activities; physical descriptions—include photos if possible; military service; cause of death):
Pacific High School - 26 May 1978
Salem Barber College - Feb 1980
Oregon State License - Barber & Hair Dresser, 13 Feb 1980

Use reverse side for additional information

| Have family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|--------------------------|--------------------------------------|-----------------------|--|--|--|
| <input type="checkbox"/> | 1 | <input type="radio"/> | OT <input type="radio"/> AT <input type="radio"/> | DI <input type="radio"/> AI <input type="radio"/> | ON <input type="radio"/> TO <input type="radio"/> |
| <input type="checkbox"/> | 2 | <input type="radio"/> | ON <input type="radio"/> AT <input type="radio"/> | ON <input type="radio"/> AI <input type="radio"/> | ON <input type="radio"/> TO <input type="radio"/> |
| <input type="checkbox"/> | 3 | <input type="radio"/> | OT <input type="radio"/> AT <input type="radio"/> | DI <input type="radio"/> AI <input type="radio"/> | ON <input type="radio"/> TO <input type="radio"/> |
| <input type="checkbox"/> | 4 | <input type="radio"/> | OT <input type="radio"/> AT <input type="radio"/> | DI <input type="radio"/> AI <input type="radio"/> | ON <input type="radio"/> TO <input type="radio"/> |
| <input type="checkbox"/> | 5 | <input type="radio"/> | OT <input type="radio"/> AT <input type="radio"/> | DI <input type="radio"/> AI <input type="radio"/> | ON <input type="radio"/> TO <input type="radio"/> |

Check here if there are additional children []

Footnoting. To substantiate the information recorded on this page, please use the footnotes listed below. One of these numbers should be placed in the circle provided next to each answer on the questionnaire. If you got the information from a source not listed, place that source on a vacant line and use the number next to which it has been placed as your footnote number.

Use only if you have filled in the blank from personal knowledge (such as the name of your brother). If you must look up his marriage date, give as the source wherever you looked it up. If you asked him, give his name as the source.

Name and address of person filling in this sheet. Date _____

Birth Certificate

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