

Date filled:	One per family. Please make copies								Please fill out as accurately as possible.							
	LAST NAME	Name	Birth	Birth place	Date Married	Place Married	Date deceased	Place deceased								
<b>YOU</b> (Maiden Name for ladies)																
<b>Your Spouse</b> (Maiden Name for ladies)																
<b>Child 1</b> Male/Female																
Spouse of child 1																
<b>Child 2</b> M / F																
Spouse of child 2																
<b>Child 3</b> M / F																
Spouse of child 3																
<b>Your Parents</b> <b>Father</b> <b>Mother</b>																
Change in Marital Status			Date:		Divorced:		Remarried:									
Adopted Parent/Child																

Please return form to: [stories@jewishmuseumcuracao.org](mailto:stories@jewishmuseumcuracao.org)