

Genealogy In Time - Individual Fact Sheet

Your Name: _____

Date: _____

IDENTIFICATION

Full Name:

Gender

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Home Address:

Street	
City	
State / Province	
Zip / Postal Code	
Country	
Phone Number(s)	
E-mail Address	

KEY FACTS

Birth:

Date	
Place	

Death:

Date	
Place	
Cause of Death	

Burial:

Date	
Place	

FAMILY

Marriage:

Spouse's Name	
Date	
Place	

Children:

Name	Gender	Date of Birth

HEALTH**Physical Characteristics:**

Height	Weight	Eye Color	Hair Color
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Known Medical Conditions:

LIFESTYLE**Education:**

Career:

Hobbies & Social Activities:

Other Interesting Things:

Reference Sources:
