

FAMILY NAME _____ LIST CHILDREN BELOW

FIRST Name(s)	M/F	BIRTH		DEATH		MARRIAGE		
		Date	Place	Date	Place	Date	Place	Spouse
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

NAME OF COMPILER			
ADDRESS	EMAIL	RELATIONSHIP TO FAMILY	DATE

SOURCES OF INFORMATION				
<input type="checkbox"/> Oral	<input type="checkbox"/> Family	<input type="checkbox"/> NZRGO	<input type="checkbox"/> Shipping list	<input type="checkbox"/> National Archives
<input type="checkbox"/> Newspapers _____ <input type="checkbox"/> Other _____				

ADDITIONAL INFORMATION