

Submitter's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_

### Family Group Sheet

(Page 1 of 2)

Please return this form with as much of the information as you can provide by clicking the Submit button above. Thank you for assisting in our research.

**Husband's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Husband's Father's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Husband's Mother's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Wife's Name (maiden name):** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Wife's Father's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Wife's Mother's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Marriage Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Family Group Sheet**

**First Child's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place: \_\_\_\_\_  
 Death Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Spouse (maiden name): \_\_\_\_\_  
 Spouse's Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Second Child's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place: \_\_\_\_\_  
 Death Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Spouse (maiden name): \_\_\_\_\_  
 Spouse's Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Third Child's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place: \_\_\_\_\_  
 Death Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Spouse (maiden name): \_\_\_\_\_  
 Spouse's Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Fourth Child's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place: \_\_\_\_\_  
 Death Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Spouse (maiden name): \_\_\_\_\_  
 Spouse's Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**THANK YOU very much for your time!**  
**DAN and TINA BATEHAM, 207 Wolcutt St. Port Angeles, WA 98362**