

1

Name of person submitting chart

Date

Street Address

City

Postal Code

Born:
Where:
Spouse Name:
When Married:

Please list dependant children under age 19. Include date of birth and a long form birth certificate for all.

A Full name of dependant child.

Date of birth.

B Full name of dependant child.

Date of birth.

C Full name of dependant child.

Date of birth.

D Full name of dependant child.

Date of birth.

ANCESTRY CHART

2

Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

Father

3

Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

Mother

4

Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

5

Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

6

Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

7

Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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Born: _____
Where: _____
When Married: _____
Died: _____
Where: _____

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