

FAMILY DATA WORKSHEET °

Please fill in the blanks below. If you don't know exact name or date, please make your best guess. Put a line in spaces that do not apply to you. Please use another sheet if space runs out.

NAME BIRTHDATE AGE (if deceased, when?) MARRIAGE DATE DIVORCE DATE

YOU

FATHER

MOTHER

STEPPARENTS

SPOUSE

EX-SPOUSE(S)

MOTHER'S PARENTS

FATHER'S PARENTS

NAME AGE (IF DECEASED, WHEN?) MARITAL STATUS NUMBER OF CHILDREN

BROTHERS

SISTERS

CHILDREN

CHECK (✓) EACH BOX THAT APPLIES TO YOUR PARENTS, STEPPARENTS, BROTHERS, SISTERS, SPOUSE or CHILDREN AND PLEASE DESCRIBE:

AFFAIRS

ALCOHOLISM

DRUG ABUSE

PHYSICAL ABUSE

SEXUAL ABUSE

HEALTH PROBLEMS

SUICIDE or ATTEMPTS

MENTAL ILLNESS

CRIMINAL BEHAVIOR

OTHER