

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. Use another sheet if you wish, if space runs out.

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

YOU:

FATHER:

MOTHER:

STEPFATHER (if applicable):

STEPMOTHER (if applicable):

SPOUSE:

EX-SPOUSE(S) (if applicable):

MOTHER'S FATHER:

MOTHER'S MOTHER:

FATHER'S FATHER:

FATHER'S MOTHER:

NAME	AGE (if deceased, when?)	MARITAL STATUS	NUMBER OF CHILDREN
------	--------------------------	----------------	--------------------

BROTHERS:

SISTERS:

CHILDREN:

CHECK (✓) EACH BOX THAT APPLIES TO YOUR FAMILY AND DESCRIBE BELOW IF YOU WISH

AFFAIRS ALCOHOLISM / DRUG ABUSE PHYSICAL ABUSE SEXUAL ABUSE SUICIDE MENTAL ILLNESS CRIMINAL BEHAVIOR
 OTHER: _____

Briefly describe the problem(s) in the checked box(es):