

# Key Information



Husband & Wife	
<b>Husband Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Born: (day month year)	Place:
Married: (day month year)	Place:
Died: (day month year)	Place:
Cause of Death:	
SS#:	Drivers License # & State of Issue:
Father First and Last Name:	Contact Info: <input type="checkbox"/> Deceased
Mother First and Maiden Name:	Contact Info: <input type="checkbox"/> Deceased
<b>Wife Name:</b>	<b>Maiden Name:</b> <input type="checkbox"/> See "Other Marriages"
Born: (day month year)	Place:
Married: (day month year)	Place:
Died: (day month year)	Place:
Cause of Death:	
SS#:	Drivers License # & State of Issue:
Father First and Last Name:	Contact Info: <input type="checkbox"/> Deceased
Mother First and Maiden Name:	Contact Info: <input type="checkbox"/> Deceased
<b>Other Marriages:</b> List other marriages of husband & wife on this form. List any necessary explanations.	

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# Key Information



Children		
List each child (whether living or dead) in order of birth		
<b>1</b>	<b>Given Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Sex:	Legal Parents:	Contact Information:
Born: (day month year)		Place:
Died: (day month year)		Place:
Cause of Death:		
SS#: (Useful if you child is a minor. Not needed if child is an adult)		Drivers License # & State of Issue:
Spouses Given Name:		Last Name:
Married: (day month year)		Place:
<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.		
<b>2</b>	<b>Given Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Sex:	Legal Parents:	Contact Information:
Born: (day month year)		Place:
Died: (day month year)		Place:
Cause of Death:		
SS#: (Useful if you child is a minor. Not needed if child is an adult)		Drivers License # & State of Issue:
Spouses Given Name:		Last Name:
Married:		Place:
<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.		
<b>3</b>	<b>Given Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Sex:	Legal Parents:	Contact Information:
Born: (day month year)		Place:
Died: (day month year)		Place:
Cause of Death:		
SS#: (Useful if you child is a minor. Not needed if child is an adult)		Drivers License # & State of Issue:
Spouses Given Name:		Last Name:
Married:		Place:
<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.		

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# Key Information



## Children

List each child (whether living or dead) in order of birth

<b>4 Given Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Sex:	Legal Parents:
Born: (day month year)	Contact Information:
Died: (day month year)	Place:
Cause of Death:	
SS#: (Useful if you child is a minor. Not needed if child is an adult)	Drivers License # & State of Issue:
Spouses Given Name:	Last Name:
Married: (day month year)	Place:
<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.	

<b>5 Given Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Sex:	Legal Parents:
Born: (day month year)	Contact Information:
Died: (day month year)	Place:
Cause of Death:	
SS#: (Useful if you child is a minor. Not needed if child is an adult)	Drivers License # & State of Issue:
Spouses Given Name:	Last Name:
Married:	Place:
<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.	

<b>6 Given Name:</b>	<b>Last Name:</b> <input type="checkbox"/> See "Other Marriages"
Sex:	Legal Parents:
Born: (day month year)	Contact Information:
Died: (day month year)	Place:
Cause of Death:	
SS#: (Useful if you child is a minor. Not needed if child is an adult)	Drivers License # & State of Issue:
Spouses Given Name:	Last Name:
Married:	Place:
<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.	

*\*\*\* Please copy this page if more Children need to be listed\*\*\**

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