

# Key Information



## Husband & Wife

<b>Husband Name:</b>	<b>Last Name:</b> <input style="float: right;" type="checkbox"/>
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:
Mother First and Maiden Name:	Contact Info:

<b>Wife Name:</b>	<b>Maiden Name:</b> <input style="float: right;" type="checkbox"/>
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:
Mother First and Maiden Name:	Contact Info:

**Other Marriages:** List other marriages of husband & wife on this form. List any necessary explanations.

# 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 style="float: right;" type="text"/>
	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: _____
	Spouces 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 style="float: right;" type="text"/>
	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: _____
	Spouces 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 style="float: right;" type="text"/>
	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: _____
	Spouces 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</b>	<b>Given Name:</b>	<b>Last Name:</b> <input style="float: right;" type="text"/>
	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: _____
	Spouces 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</b>	<b>Given Name:</b>	<b>Last Name:</b> <input style="float: right;" type="text"/>
	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: _____
	Spouces Given Name: _____	Last Name: _____
	Married: _____	Place: _____
	<b>Other Marriages:</b> List other marriages of child on this form. List any necessary explanations.	

<b>6</b>	<b>Given Name:</b>	<b>Last Name:</b> <input style="float: right;" type="text"/>
	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: _____
	Spouces 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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\*\*\* Please copy this page if more Children need to be listed \*\*\*

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# Key Information



See "Other Marriages"

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Deceased

Deceased

See "Other Marriages"

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# Key Information



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