

### Family file for genealogical research

N°	Husband
Name :	
First name :	
Source :	

N°	Wife
Maiden name :	
First name :	
Source :	

Date	Place		Date	Place
		Birth		
		Baptism		
		Death		
		Burial		

Union			
Date	Place	Union type	
		Religious wedding <input type="checkbox"/>	Common-law <input type="checkbox"/>
Source		Civil wedding <input type="checkbox"/>	Other <input type="checkbox"/>

Father of the husband*		Mother of the husband*		Father of the wife*		Mother of the wife*		
Name :				Maiden name :				
First name :				First name :				
Source :				Source :				
Date	Place	Date	Place		Date	Place	Date	Place
				Birth				
				Baptism				
				Death				
				Burial				
Union				Union				
Date	Place	Union Type		Date	Place	Union Type		
		Religious wedding <input type="checkbox"/>	Common-law <input type="checkbox"/>			Religious wedding <input type="checkbox"/>	Common-law <input type="checkbox"/>	
Source		Civil wedding <input type="checkbox"/>	Other <input type="checkbox"/>	Source		Civil wedding <input type="checkbox"/>	Other <input type="checkbox"/>	

\* Enter additional information about the parents of the main couple in other forms.

### Children

Child n°	1	Source :						
Name	Sex (F-M)	Birth Date	Place		Date of Death	Place		
Spouse*		Date of union	Place		Religious wedding <input type="checkbox"/>	Civil wedding <input type="checkbox"/>	Common-law <input type="checkbox"/>	Other <input type="checkbox"/>

\*Enter the couple's children in another form.

## Family file for genealogical research

Children						
Child n°	2	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		
Child n°	3	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		
Child n°	4	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		
Child n°	5	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		
Child n°	6	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		

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Children						
Child n°	7	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		

Child n°	8	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		

Child n°	9	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		

Child n°	10	Source :				
Name	Sex (F-M)	Date	Place	Date of Death	Place	
Spouse*		Date of union	Place	Religious wedding <input type="checkbox"/> Civil wedding <input type="checkbox"/> Common-law <input type="checkbox"/> Other <input type="checkbox"/>		
				*Enter the couple's children in another form.		