

Family Heritage Questionnaire

Full Name (include maiden) _____
Person Filing Questionnaire _____ Relationship _____ Date _____
Birth Date _____ Birth Place _____
If Deceased – Date of Death _____ Location of burial _____

Father _____ Mother _____ Step-Parents _____

Siblings (Include steps, adoptions, half-siblings, or other family members who lived with you as a child.)

Name	Birth date	Sex	Name	Birth date	Sex
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	

Marriage(s) (Provide spouse, date, location. Include “deceased” or “divorced” if applicable.)

Children (Include steps and adoptions. Provide further info if desired.)

Name	Birth date	Sex	Name	Birth date	Sex
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	
_____	- _____ - ____		_____	- _____ - ____	

Education

School	Location	Years	Levels/Certificates/Degrees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Heritage Questionnaire (cont)

Page 2 of Questionnaire for: _____

Military Experience (Please include Division, Rank, Years, Awards, etc.)

Occupation (Provide information about significant work experience as you see fit. I.e. company, years, position.)

Residences (Please provide brief list of residences. Include city, state, country, years, etc..)

Current Address _____

Previous _____

Religious Affiliation _____

Hobbies/Interests/Talents _____

Ethnic Background (as best know) _____

Were you named after anyone? _____

Nicknames _____

Cherished Possessions _____

Any other notable facts not included in your biography

Please don't forget to include a recent photo. Thanks again for all your help!!!!!!

Contact Form

Submissions may be sent to Angela DeLong at addresses on bottom of form.

Name: _____
Former/Maiden Names: _____
Date of Birth: _____ **Date of Submission:** _____

Home Address

Address: _____
City: _____ State: _____ Zip: _____
Other family members in your household: _____
May this information be posted in a Family Directory? Yes No
May this information be posted on the family website, www.ourgrandparents.com, which is password-protected?
 Yes No

Telephone

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Other: _____
May this information be posted in a Family Directory? Yes No
May this information be posted on the family website, www.ourgrandparents.com, which is password-protected?
 Yes No

Email

Home Email: _____ Work Email: _____
Personal Website: _____
May this information be posted in a Family Directory? Yes No
May this information be posted on the family website, www.ourgrandparents.com, which is password-protected?
 Yes No

Family Directory

Would you like to have a copy of the family directory? Emailed Mailed
Please check out the family website at www.ourgrandparents.com. The site is still being developed, so please check back often. Would you like to have your email address added to a mailing list to know when new information has been posted to the website?
 Yes No thank you

Family Submission Form

Please use this form for all submissions to the family heritage project. If submitting multiple items, please fill out the "Submitter" section for at least one item and make sure to label each submission. Some items may be unknown or not applicable. Please fill in to the best of your ability.

Submissions may be sent to: Angela DeLong
103 Woodhill Drive
Fleetwood, PA 19522

Submitter

Name: _____ **Date of Submission:** _____

Address: _____

Phone: _____ **Email:** _____

Submitted Item # ____ (Please label or number each item if submitting more than one.)

Nature of Item (Check all that apply):

- Photo Newspaper Clipping Birth Marriage Christening Death
 Obituary Funeral Program Eulogy Military Original Writing Art Work
 Family Recipe Award Letter/Correspondence Diary/Journal Financial
 Other _____

Photographer/Writer: _____

Date of Item or Event as best known: _____

Names of People, Places or Events Depicted in Item: _____

Submitted Item is: Original Copy **Owner of Original:** _____

Do you want this item returned to you? Yes No

Any Additional Information: _____

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