

Date: _____ / _____ / _____

Family data

Please return to:
Elizabeth Cowie
1A Hanene Street, St. Heliers, Auckland 1071
OR: sandecowie@xtra.co.nz

Husband or Partner Name:	Wife or Partner Name:
DATE OF BIRTH Day: Month: Year:	DATE OF BIRTH Day: Month: Year:
Place of Birth:	Place of Birth:
DATE OF MARRIAGE Day: Month: Year:	DATE OF MARRIAGE Day: Month: Year:
Place of Marriage:	Place of Marriage:
Married Time(s) Other Wife:	Married Time(s) Other Husband:
DATE OF DEATH Day: Month: Year:	DATE OF DEATH Day: Month: Year:
Place of Death:	Place of Death:
Burial Date: Place:	Burial Date: Place:
Occupations; Hobbies*:	Occupations; Hobbies*:
Religion:	Religion:
Father's full name:	Father's full name:
Mother's full name before marriage:	Mother's full name before marriage:

	Sex (M/F)	Children		When born	Where born			Date of Death	Place	
		Given Names	Surname		Town	(Region)	Country		Town	Country
1										
2										
3										
4										
5										
6										
7										
8										
9										

Signed: _____

**Please submit more detailed information and stories on a separate sheet.*