RECORD OF ANCESTORS

Membership No:
Name:
Address:

Date:

YOU

Born:
Place:
Married:
Place:
Occ.:

Your Father

1

Born:
Place:
Married:
Place:
Died:
Place:
Occ.:

Your Mother

2

Born:
Place:
Died:
Place:
Occ.:

Your Father's Father

3

Born:
Place:
Married:
Place:
Died:
Place:
Occ.:

Your Father's Mother

4

Born:
Place:
Died:
Place:
Occ.:

Your Mother's Father

5

Born:
Place:
Married:
Place:
Died:
Place:
Occ.:

Your Mother's Mother

6

Born:
Place:
Died:
Place:
Occ.:

7 *BPMPDPO*

8 *BPDPO*

9 *BPMPDPO*

10 *BPDPO*

11 *BPMPDPO*

12 *BPDPO*

13 *BPMPDPO*

14 *BPDPO*

15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

Please return this form to:
Aberdeen & N.E. Scotland FHS
158-164 King Street
ABERDEEN
AB24 5BD