

## Ancestor No. 2

Fill-in boxes (text fields) within this document allow multiple lines and are not restricted by any limit length, so you can enter as much text as you wish!

<b>Name of the ancestor to be researched:</b>	<input type="text"/>		
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Marriage	<input type="text"/>	Place of Marriage:	<input type="text"/>
Date of Death:	<input type="text"/>	Placeof Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Name of the Spouse:</b>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	Do you want to pursue the spouse's ancestry as well?
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Death:	<input type="text"/>	Placeof Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Ancestor's Parents:</b>	<input type="text"/>
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<b>Spouse's Parents:</b>	<input type="text"/>
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<b>Children from the marriage of your Ancestor and his Spouse</b>	<input type="text"/>
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### GOAL DESCRIPTION BOX - Please precisely describe your investigation goal(s)

### OTHER HELPFUL INFORMATION AND/OR REMARKS:

### Ancestor No. 3

Fill-in boxes (text fields) within this document allow multiple lines and are not restricted by any limit length, so you can enter as much text as you wish!

<b>Name of the ancestor to be researched:</b>	<input type="text"/>		
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Marriage	<input type="text"/>	Place of Marriage:	<input type="text"/>
Date of Death:	<input type="text"/>	Placeof Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Name of the Spouse:</b>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	Do you want to pursue the spouse's ancestry as well?
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Death:	<input type="text"/>	Placeof Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Ancestor's Parents:</b>	<input type="text"/>	<b>Spouse's Parents:</b>	<input type="text"/>
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<b>Children from the marriage of your Ancestor and his Spouse</b>	<input type="text"/>
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**GOAL DESCRIPTION BOX - Please precisely describe your investigation goal(s)**

**OTHER HELPFUL INFORMATION AND/OR REMARKS:**

## Ancestor No. 4

Fill-in boxes (text fields) within this document allow multiple lines and are not restricted by any limit length, so you can enter as much text as you wish!

<b>Name of the ancestor to be researched:</b>	<input type="text"/>		
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Marriage	<input type="text"/>	Place of Marriage:	<input type="text"/>
Date of Death:	<input type="text"/>	Place of Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Name of the Spouse:</b>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	Do you want to pursue the spouse's ancestry as well?
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Death:	<input type="text"/>	Place of Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Ancestor's Parents:</b>	<input type="text"/>	<b>Spouse's Parents:</b>	<input type="text"/>
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<b>Children from the marriage of your Ancestor and his Spouse</b>	<input type="text"/>
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**GOAL DESCRIPTION BOX - Please precisely describe your investigation goal(s)**

**OTHER HELPFUL INFORMATION AND/OR REMARKS:**

## Ancestor No. 5

Fill-in boxes (text fields) within this document allow multiple lines and are not restricted by any limit length, so you can enter as much text as you wish!

<b>Name of the ancestor to be researched:</b>	<input type="text"/>		
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Marriage	<input type="text"/>	Place of Marriage:	<input type="text"/>
Date of Death:	<input type="text"/>	Place of Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Name of the Spouse:</b>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	Do you want to pursue the spouse's ancestry as well?
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Date of Death:	<input type="text"/>	Place of Death	<input type="text"/>
Religion:	<input type="text"/>		

<b>Ancestor's Parents:</b>	<input type="text"/>	<b>Spouse's Parents:</b>	<input type="text"/>
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<b>Children from the marriage of your Ancestor and his Spouse</b>	<input type="text"/>
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**GOAL DESCRIPTION BOX - Please precisely describe your investigation goal(s)**

**OTHER HELPFUL INFORMATION AND/OR REMARKS:**