

*Discovering and  
Preserving the History  
of Our Ancestors for  
Future Generations*



**ADULT GENERAL QUESTIONNAIRE 18 YRS AND OLDER**

Please read and sign Privacy Warning on the Release of Personal information form before filling in questionnaire.

**ATTENTION:** Persons under the age of 18 are not permitted to fill out questionnaire and will not be accepted.

**PRINT CLEARLY USING BLACK OR BLUE INK**



D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Clan \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Spouse or common-law partner Name: \_\_\_\_\_  
Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death (If Applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y D M Y

**PARENT'S INFORMATION**

Mothers Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
D M Y  
Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ (If Applicable)  
D M Y  
Fathers Name: \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
D M Y  
Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ (If Applicable)  
D M Y



**SIBLING'S INFORMATION**

\* Only information of siblings 18 yrs. and older is permitted. (Please put D.O.B. as Day, Month, Year)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**GRANDPARENT'S INFORMATION**

Grandmother: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Maiden Name: (If applicable) \_\_\_\_\_

Birthplace: \_\_\_\_\_ (If Applicable) Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Grandfather: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Birthplace: \_\_\_\_\_ (If Applicable) Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Grandmother: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Maiden Name: (If applicable) \_\_\_\_\_

Birthplace: \_\_\_\_\_ (If Applicable) Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Grandfather: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Birthplace: \_\_\_\_\_ (If Applicable) Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y



A lot of stories and memories have been lost as our ancestors pass away but some have been shared and we would like to keep those stories and memories alive so we are asking if there is anything that you would like to share to pass down to others? Stories that maybe a Grandparent or Parent shared with you? Or is there anything knowledgeable you would like to share? Traditions, Teachings, Recipes? These stories will be shared on your own personal profile.



SUBMIT