

SFHS Memb.No.

Name:

Address:



Shetland

Family History Society

Your Father's Father

15

Date

YOUR FATHER

3

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

7

B:
P:
D:
P:
O:

16

17

Your Details

.....
Born:.....
Place:.....
Married:.....
Place:.....
Occ:.....
Other:.....

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

Your Father's Mother

8

B:
P:
D:
P:
O:

18

19

Family

Your Partner:

.....
Born:.....
Place:.....
Occ:.....
Other:.....

2

Born:
Place:
Died:
Place:
Occ:

YOUR MOTHER

4

Born:
Place:
Died:
Place:
Occ:

9

B:
P:
D:
P:
O:

20

21

10

B:
P:
D:
P:
O:

22

23

Your Mother's Father

5

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

11

B:
P:
D:
P:
O:

24

25

Please Complete as far as you can & send to the RESEARCH SECRETARY.

Shetland Family History Society
Shetland Amenity Trust, Garthspool
Lerwick, Shetland, ZE1 0NY
research@shetland-fhs.org.uk

Further sheets are available by sending an appropriately sized s.a.e. To the Research Secretary.

Alternately photocopy this form BEFORE completing.

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Born:
Place:
Died:
Place:
Occ:

12

B:
P:
D:
P:
O:

26

27

Your Mother's Mother

13

B:
P:
D:
P:
O:

28

29

14

B:
P:
D:
P:
O:

30