

SFHS Memb.No.

Name:

Address:



Shetland

Family History Society

Your Father's Father

15

Form box for entry 15

7

B:
P:
D:
P:
O:

16

Form box for entry 16

17

Form box for entry 17

8

B:
P:
D:
P:
O:

18

Form box for entry 18

19

Form box for entry 19

9

B:
P:
D:
P:
O:

20

Form box for entry 20

21

Form box for entry 21

10

B:
P:
D:
P:
O:

22

Form box for entry 22

23

Form box for entry 23

11

B:
P:
D:
P:
O:

24

Form box for entry 24

25

Form box for entry 25

12

B:
P:
D:
P:
O:

26

Form box for entry 26

27

Form box for entry 27

13

B:
P:
D:
P:
O:

28

Form box for entry 28

29

Form box for entry 29

14

B:
P:
D:
P:
O:

30

Form box for entry 30

3

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

YOUR FATHER

1

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

4

Born:
Place:
Died:
Place:
Occ:

Your Father's Mother

Date

Your Details

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

Family

Your Partner:

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

2

Born:
Place:
Died:
Place:
Occ:

YOUR MOTHER

5

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

Your Mother's Father

Please Complete as far as you can & send to the RESEARCH SECRETARY.
Shetland Family History Society,
Shetland Amenity Trust, Garthspool,
Lerwick, Shetland, ZE1 0NY

Further sheets are available by sending an appropriately sized s.a.e. To the Research Secretary.
Alternately photocopy this form BEFORE completing.