

FAMILY HISTORY DATA FORM

English Name:

Hebrew Name: COHEN / LEVI / ISRAEL

Address:

..... Zipcode: Tel:

Date of Birth: Hebrew Date of Birth:

Place of Birth: City Country

Date of Arrival to America: Transport to America:

Occupation:

Marital Status: Married Widow/er Divorced Not Married

FATHER

Father's Name:
FIRST NAME SURNAME

Hebrew Name:

Occupation:

Place of Birth: Country:

Date of Birth: Date of Death:

Place of Death/Burial: Country:

MOTHER

Mother's Name:
FIRST NAME SURNAME

Hebrew Name:

Mother's Maiden Family Name:

Occupation:

Place of Birth: Country:

Date of Birth: Date of Death:

Place of Death/Burial: Country:

Date of Parent's Marriage: Place of Marriage:

SIBLINGS (BROTHERS & SISTERS)

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FIRST MARRIAGE

Place of Marriage: Civil Date

Religious Date

Name of Spouse:

Occupation:

Child (1) Hebrew Name:

Date of Birth: Place of Birth:

Child (2) Hebrew Name:

Date of Birth: Place of Birth:

Child (3) Hebrew Name:

Date of Birth: Place of Birth:

SUBSEQUENT MARRIAGES

Place of Marriage: Civil Date

Religious Date

Name of Spouse:

Occupation:

Child (1) Hebrew Name:

Date of Birth: Place of Birth:

Child (2) Hebrew Name:

Date of Birth: Place of Birth:

Child (3) Hebrew Name:

Date of Birth: Place of Birth:

SHORT HISTORY AND HOLOCAUST DETAILS

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