

Name		Please write any extra notes on side or back	
First	Middle	Last	Suffix
Current Address			
City		State	Zip
Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Degree/Occupation	
Birthday		Birth City	
Deceased Date		Burial Location	
Mothers Name		<i>(Fill out new card for this person)</i>	
Fathers Name		<i>(Fill out new card for this person)</i>	
Spouse Name		<i>(Fill out new card for this person)</i>	
Wedding Date		Location	
Children Names (Fill out new card for each child)			
Child 1		Child 4	
Child 2		Child 5	
Child 3		Child 6	

===== cut along dotted lines =====

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