

Members Information:

Name: _____ State: _____ Zip: _____
Street: _____ Telephone Area Code _____
 _____ Phone (Daytime) _____
 City/Town _____ (Evening) _____
 E-Mail _____ Member #: _____
 What is your Request? _____

Ancestor Information

Name: _____ Birth Date? _____
 Father's Name _____ Where Born? _____
 Mother's Name _____ When Baptized? _____
 Where did he/she Die? _____ Where Baptized? _____
 Age at Death? _____
 Was your ancestor assigned a number by Mr. Abram Foote? _____

Ancestors Spouse Information

Name: _____ Birth Date? _____
 Father's Name _____ Where Born? _____
 Mother's Name _____ When Baptized? _____
 Where did he/she Die? _____ Where Baptized? _____
 Age at Death? _____

Additional Information

Ancestors Residence _____ Occupation _____
 Ancestors Education _____
Military Service
Branch of Service _____ **Date of Service** _____ **Occupation** _____
 Church Membership and Offices Held _____
 Public Offices Held _____
 Sources of Information _____