

**Member's Information**

Name  State  ZIP

Street  Telephone Area Code

City / Town  Phone: (Daytime)

E-Mail  (Evening)

Member #

What is Your Request?

**Ancestor's Information**

Name

Father's Name

Mother's name

When did he/she die?

Age at Death  Where Buried At?

Was your ancestor assigned a number by Mr. Abram Foote?

Birth Date

Where Born?

When Baptized?

Where Baptized?

**Ancestor's Spouse Information**

Name  Birth Date

Father's Name  Where Born?

Mother's name  When Baptized?

When did they die?  Where Baptized?

Age at Death  Where Buried At?

**Additional Information**

Ancestors Residence  Occupation

Ancestors Education

Military Service

Branch of Service  Dates of Service  Occupation

Church Membership and Offices Held

Public Offices Held

Sources of Information:

Today's Date