

Member's Information

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

Ancestor's Information

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

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 _____
