Foote Family Association Of America

Member's Information
Name_________________________ State_________________________
Street_________________________ ZIP_________________________
City / Town____________________ Telephone Area Code__________
E-Mail_________________________ Phone: (Daytime)______________
What is Your Request?_________________________ Phone: (Evening)______________
Member #: ______________________

Ancestor's Information
Name_________________________ Birth Date_____________________
Father's Name__________________ Where Born?__________________
Mother's name__________________ When Baptized?________________
When did he/she die?____________ Where Buried At?____________
Age at Death__________________
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 Buried At?____________
Age at Death__________________ Where Baptized?________________

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_____________________

* Optional