

## How To Fill Out the Meet Our Family Form

We have designed family forms to simplify the collection and organizing process. While the forms are pre-numbered, you don't have to use them in any particular order.

There is a place for every family member, with each person appearing on either one or two forms.

- If you are single with no children, you will be listed on only one form, under the Children's section on your parents' form.
- If you are married and/or have children, you will be listed on two forms, in the Children's section of your parents' form and on a second form that lists you as either a Mother/Wife or Father /Husband.

Let's start by looking at the top of the form. Under Meet Our Family is a place for the name of the special couple or person being celebrated. The forms themselves are the same, except for the title, which tells us how each family is related to either the bride or groom.

On the bottom of the form, you'll see our contact information, which you're free to use if you have any questions.

On the upper left corner, you'll see a number that is specific to that form. Each form is numbered as a tracking tool for us. Feel free to use any form in any order.

The relationship chart applies to the family - how are the Mother/Wife and Father/Husband related to the person or couple being celebrated. Check only one box that describes how they are related to the person or couple.

# Getting Started



## Sections For The Mother/Wife And Father/Husband

There is a place for every family member, with each person appearing on either one or two forms.

- If you are single with no children, you will be listed on only one form - under the Children's section on your parents' form.
- If you are married and/or have children you will be listed on two forms - in the Children's section of your parents' form but your complete information will be entered only once, on the second form that lists you as either a Mother/Wife or Father /Husband.

Both of these sections, Mother and Father sections, are filled out the same way. They appear on the front side of the form under the relationship chart. Note: please use the four-digit year format for all dates, as many family histories span multiple generations. Use month, day, year format. Example: 6/29/1901 or June 29, 1901.

If you're not exactly sure of a date, use the abbreviation for the Latin term circa (ca), meaning about. Example: ca 03/1910.

Use the Notes section to add any other additional information you'd like to have included as part of your family history.

# Getting Started



## Section For Children

Use this section of the form, found on the back, to list all children of these parents.

It is recommended that children be listed in order of age starting with the eldest.

If you have more than 3 children, use an additional form and check off the box 'Additional Children for Form #' and then fill in the Form# for that family. Note that in this case, the front of the form does not have to be filled in.

Note: For married children, please fill out a separate Meet Our Family Form and just include their name here along with the Form # for their Meet Our Family form.

## Moments in Our Family

Everyone has memories and stories that are special and unique to their family.

Use the Moments in Our Family forms to share those stories, tell us more about yourself, or simply to send a message to the person or couple being celebrated.

This is where you can include newspaper clippings, important notes and documents, or other saved mementoes and keepsakes.

Our Living Tree is a great way to ensure that these precious Family Moments are passed on to each new generation.

# Getting Started



# Form # 5

## Meet Our Family Susan Thomas



Person or Couple Being Celebrated

Fill out one form for each family and check one box that shows how they are related to the person or couple being celebrated

<input type="checkbox"/> Person/Couple being celebrated	<b>Mother's Side of the Family</b>	<b>Father's Side of the Family</b>
<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Grandparents (Mother's Parents)	<input type="checkbox"/> Grandparents (Father's Parents)
<input type="checkbox"/> Parents	<input type="checkbox"/> Great Grandparents (Mother's Mother's Parents)	<input type="checkbox"/> Great Grandparents (Father's Mother's Parents)
<input type="checkbox"/> Daughter/Son	<input type="checkbox"/> Great Grandparents (Mother's Father's Parents)	<input type="checkbox"/> Great Grandparents (Father's Father's Parents)
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Aunt/Uncle (Mother's Side)	<input type="checkbox"/> Aunt/Uncle (Father's Side)
	<input type="checkbox"/> Cousin (Mother's Side)	<input type="checkbox"/> Cousin (Father's Side)

Mother/Wife - Name: (First, Middle, Last) <b>Theresa Anne Gorman</b>	see My Parents Form#: <input type="text"/>
Surname / Maiden Name: <b>Murphy</b>	Nickname: <b>Terry</b>
Address (City, State, Zip): <b>83 Bar Beach Road, Port Washington, NY 11050</b>	
Home Phone: <b>555-405-6123</b>	Cell Phone: <b>555-897-4545</b>
Work Phone:	Email: <b>tag@aol.net</b>
Born: <b>10/26/1947</b> (mm/dd/yyyy)	Place of Birth: <b>Bayside, NY</b> (City/St, Country)
Notes: <b>Terry and Ed love to sail. They have published 3 books on sailing</b>	Date of Death:

Married Date: <b>04/21/1970</b> (mm/dd/yyyy):	Place Married: <b>Bermuda</b> (City/St, Country)	# Children: <b>3</b>
Notes: <b>Married on cruise ship in Bermuda.</b>		

Father/Husband - Name: (First, Middle, Last): <b>Edward Thomas Gorman</b>	see My Parents Form#: <input type="text"/>
Surname: <input checked="" type="checkbox"/> same as spouse	Nickname: <b>Ed</b>
Address: <input checked="" type="checkbox"/> same as spouse	
Home Phone:	Cell Phone: <b>555-345-6023</b>
Work Phone:	Email: <b>edthemurph@yahoo.net</b>
Born: <b>02/04/1945</b> (mm/dd/yyyy):	Place of Birth: <b>Bronx, NY</b> (City/St, Country)
Notes:	Date of Death:

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Additional Children for  
Form #

# Children



If you have more than three children, please fill out an additional "Children" form using the same form # as the original. If you have married children, just list them here, and fill in their information **only** on their own Meet Our Family Form.

Child's Full Name: <b>John Gorman</b> (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <b>12</b>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

Child's Full Name: <b>Laurie Gorman</b> (First, Middle, Last):	Nickname:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input checked="" type="checkbox"/> same as Parent			
Home Phone: <input checked="" type="checkbox"/> same as Parent	Cell Phone: <b>555-555-9295</b>		
Work Phone:	Email: <b>lgorman31@hotmail.org</b>		
Born: <b>September 17, 1981</b> (mm/dd/yyyy):	Place of Birth: <b>Uniondale, NY</b> (City/St, Country)		
Notes: <b>Laurie graduated from University of Pennsylvania Summa Cum Laude</b>			

Child's Full Name: <b>Emma Gorman</b> (First, Middle, Last):	Nickname:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input checked="" type="checkbox"/> same as Parent			
Home Phone: <input checked="" type="checkbox"/> same as Parent	Cell Phone: <b>555-555-9295</b>		
Work Phone:	Email: <b>emmag@yahoo.net</b>		
Born: <b>10/31/91</b> (mm/dd/yyyy):	Place of Birth: <b>Sayville, NY</b> (City/St, Country)		
Notes: <b>When asked to complete the sentence, "Family is...", Emma wrote this in Aug. '98, "Marriage means a boy and a girl fall in love and get all their family together and have a wedding"</b>			

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Meet Our Family  
Form # 12

Meet Our Family  
John Gorman



Person or Couple Being Celebrated

Fill out one form for each family and check one box that shows how they are related to the Person or Couple being Celebrated

<input type="checkbox"/> Person/Couple Being Celebrated	Mother's Side of the Family <input type="checkbox"/> Grandparents (Mother's Parents)	Father's Side of the Family <input type="checkbox"/> Grandparents (Father's Parents)
<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Great Grandparents (Mother's Mother's Parents)	<input type="checkbox"/> Great Grandparents (Father's Mother's Parents)
<input type="checkbox"/> Parents	<input type="checkbox"/> Great Grandparents (Mother's Father's Parents)	<input type="checkbox"/> Great Grandparents (Father's Father's Parents)
<input type="checkbox"/> Daughter/Son	<input checked="" type="checkbox"/> Aunt/Uncle (Mother's Side)	<input type="checkbox"/> Aunt/Uncle (Father's Side)
<input type="checkbox"/> Other	<input type="checkbox"/> Cousin (Mother's Side)	<input type="checkbox"/> Cousin (Father's Side)

Mother/Wife - Name: **Kathleen Anne Gorman** see My Parents Form#:   
(First, Middle, Last):

Surname / Maiden Name: **Williams** Nickname: **Kate**

Address: **99 Bar Beach Road, Port Washington, NY 11050**

Home Phone: **555-226-1500** Cell Phone: **555-122-3114**

Work Phone: Email: **katewg@msn.net**

Born: **June 20, 1978** Place of Birth: **Kentucky**  
(mm/dd/yyyy): (City/St, Country)

Notes: **Kate was raised on a horse farm in Kentucky with her 4 sisters and 2 brothers** Date of Death:

Married Date: **April 15, 2001** Place Married: **Port Washington, NY** # Children: **1**  
(mm/dd/yyyy): (City/St, Country)

Notes:

Father/Husband - Name: **John Edward Gorman** see My Parents Form#:   
(First, Middle, Last):

Surname:  same as spouse Nickname:

Address:  same as spouse

Home Phone: Cell Phone: **555-311-3211**

Work Phone: Email: **johng3@yahoo.net**

Born: **July 31, 1975** Place of Birth: **Bronx, NY**  
(mm/dd/yyyy): (City/St, Country)

Notes: **John and his family live in one of the houses that his grandfather built** Date of Death:

Additional Children for  
Form #

# Children



If you have more than three children, please fill out an additional "Children" form using the same form # as the original. If you have married children, just list them here, and fill in their information **only** on their own Meet Our Family Form.

Child's Full Name: (First, Middle, Last):	<b>Thomas John Gorman</b>	Nickname:	<b>Tommy</b>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address:	<input checked="" type="checkbox"/> same as Parent				
Home Phone:	<input checked="" type="checkbox"/> same as Parent		Cell Phone:		
Work Phone:			Email:		
Born: (mm/dd/yyyy):	<b>April 30, 2002</b>	Place of Birth: (City/St, Country)	<b>Port Washington, NY</b>		
Notes:	<b>Thomas was named after his great-grandfather, partly because he was born in the house his great-grandfather built!</b>				

Child's Full Name: (First, Middle, Last):		Nickname:		<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address:	<input type="checkbox"/> same as Parent				
Home Phone:	<input type="checkbox"/> same as Parent		Cell Phone:		
Work Phone:			Email:		
Born: (mm/dd/yyyy):		Place of Birth: (City/St, Country)			
Notes:					

Child's Full Name: (First, Middle, Last):		Nickname:		<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address:	<input type="checkbox"/> same as Parent				
Home Phone:	<input type="checkbox"/> same as Parent		Cell Phone:		
Work Phone:			Email:		
Born: (mm/dd/yyyy):		Place of Birth: (City/St, Country)			
Notes:					

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# Moments in Our Family



This page is optional, but may be used to collect your thoughts and provide more information.

**My Name:** Terri Jacobs

Form #: 8

## My Recollections:

This last section is more about your recollections and reflections. Your family album will be enriched if you take the time to answer these questions, but it is totally optional.

I would like to tell the person/special couple...

to keep laughter in their lives and always respect each others point of view.

My earliest recollection from childhood is...

figuring out how to climb out of my playpen.

My mother...

taught me that rules are meant to be broken and everything there is to know about caring

My father...

told jokes better than anyone I know and taught me to look for the good traits in people I meet and copy the ones I like the most and make them my own.

My brothers and sisters...

are still my best friends

I got engaged (where, when & how)...

not yet

I enjoy...

wind-surfing and travelling

I dream about...

becoming an artist, with a specialty in illustrations

I always wanted to ...

fly

My life has been most influenced by...

my parents, my older sister, and my mentor who taught me all about mind mapping.

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# Moments in Our Family



Family is... *everything*

Marriage is... *something I'm looking forward to*

Love is... *what keeps you soaring*

Things I value most... *Honesty, laughter and caring*

One of my favorite memories is when...

When I was a kid, I loved to... *climb trees, roller skate and play basketball*

My favorite (colors, music, books, etc.) are... *music is Josh Groban*

I had the best time of my life when...

Add your favorite stories, recipes, or anything else you would like to share here...

*My favorite colors changes almost daily. I like most shades of red, orange, mustard, green and purple. My favorite ice cream changes each time I step into an ice cream parlor, although I could always eat strawberry.*

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Form #

# Meet Our Family



Person or Couple Being Celebrated

Fill out one form for each family and check one box that shows how they are related to the person or couple being celebrated

<input type="checkbox"/> Person/Couple being celebrated	<b>Mother's Side of the Family</b>	<b>Father's Side of the Family</b>
<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Grandparents (Mother's Parents)	<input type="checkbox"/> Grandparents (Father's Parents)
<input type="checkbox"/> Parents	<input type="checkbox"/> Great Grandparents (Mother's Mother's Parents)	<input type="checkbox"/> Great Grandparents (Father's Mother's Parents)
<input type="checkbox"/> Daughter/Son	<input type="checkbox"/> Great Grandparents (Mother's Father's Parents)	<input type="checkbox"/> Great Grandparents (Father's Father's Parents)
<input type="checkbox"/> Other	<input type="checkbox"/> Aunt/Uncle (Mother's Side)	<input type="checkbox"/> Aunt/Uncle (Father's Side)
	<input type="checkbox"/> Cousin (Mother's Side)	<input type="checkbox"/> Cousin (Father's Side)

Mother/Wife - Name: (First, Middle, Last)	see My Parents Form#: <input type="text"/>
Surname / Maiden Name:	Nickname:
Address (City, State, Zip):	
Home Phone:	Cell Phone:
Work Phone:	Email:
Born: (mm/dd/yyyy)	Place of Birth: (City/St, Country)
Notes:	Date of Death:

Married Date: (mm/dd/yyyy):	Place Married: (City/St, Country)	# Children:
Notes:		

Father/Husband - Name: (First, Middle, Last):	see My Parents Form#: <input type="text"/>
Surname: <input type="checkbox"/> same as spouse	Nickname:
Address: <input type="checkbox"/> same as spouse	
Home Phone:	Cell Phone:
Work Phone:	Email:
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)
Notes:	Date of Death:

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Additional Children for  
Form #

# Children



If you have more than three children, please fill out an additional "Children" form using the same form # as the original. If you have married children, just list them here, and fill in their information **only** on their own Meet Our Family Form.

Child's Full Name: (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

Child's Full Name: (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

Child's Full Name: (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

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# Moments in Our Family



This page is optional, but may be used to collect your thoughts and provide more information.

<b>My Name:</b>	Form #:
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## My Recollections:

This last section is more about your recollections and reflections. Your family album will be enriched if you take the time to answer these questions, but it is totally optional.

I would like to tell the person/special couple...
My earliest recollection from childhood is...
My mother...
My father...
My brothers and sisters...
I got engaged (where, when & how)...
I enjoy...
I dream about...
I always wanted to ...
My life has been most influenced by...

# Moments in Our Family



Family is...

Marriage is...

Love is...

Things I value most...

One of my favorite memories is when...

When I was a kid, I loved to...

My favorite (colors, music, books, etc.) are...

I had the best time of my life when...

Add your favorite stories, recipes, or anything else you would like to share here...

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