



Research Enquiry Form

Name: _____

Address: _____

Phone: _____ Email: _____

HUSBAND

Surname: _____ Given Names: _____

Date of Birth:		Place of Birth:		Occupation:			
Date of Marriage:		Place of Marriage:				Date of Marriage:	
Date of Death:		Place of Death:				Date of Burial:	
Place of Burial:				Date of Arrival:		Ship:	
Comments:							
His Father	Surname:		Given Names:			Place of Birth:	
His Mother	Surname:		Given Names:			Place of Birth:	

WIFE

Surname:				Given Names:			
Date of Birth:		Place of Birth:		Occupation:			
Date of Marriage:		Place of Marriage:				Date of Marriage:	
Date of Death:		Place of Death:				Date of Burial:	
Place of Burial:					Date of Arrival:		Ship:
Comments:							
Her Mother	Surname:		Given Names:			Place of Birth:	
Her Father	Surname:		Given Names:			Place of Birth:	

