



Research Questions

Ancestor's name: _____
 Born: _____ Married: _____ Last (Maiden) Died: _____
 Male Female

This person is on pedigree chart number _____,
 line number _____, and/or is child number _____
 on the family group record of (Husband's name): _____

I need information about:	Questions to answer about information needed	Possible information sources
Events:		
<input type="checkbox"/> Adoption
<input type="checkbox"/> Birth
<input type="checkbox"/> Burial
<input type="checkbox"/> Court (transaction)
<input type="checkbox"/> Cremation
<input type="checkbox"/> Death
<input type="checkbox"/> Divorce
<input type="checkbox"/> Emigration
<input type="checkbox"/> Illness
<input type="checkbox"/> Immigration
<input type="checkbox"/> Imprisonment
<input type="checkbox"/> Land (ownership)
<input type="checkbox"/> Marriage
<input type="checkbox"/> Migration
<input type="checkbox"/> Military (service)
<input type="checkbox"/> Naturalization
<input type="checkbox"/> Occupation
<input type="checkbox"/> Orphaned
<input type="checkbox"/> Probate (will)
<input type="checkbox"/> Religious (activity)
<input type="checkbox"/> Residence
<input type="checkbox"/> School
<input type="checkbox"/> Taxation
Relationships:		
<input type="checkbox"/> Brother
<input type="checkbox"/> Child/ Children
<input type="checkbox"/> Father
<input type="checkbox"/> Grandparents
<input type="checkbox"/> Half-(relative)
<input type="checkbox"/> Mother
<input type="checkbox"/> Parents
<input type="checkbox"/> Siblings
<input type="checkbox"/> Sister
<input type="checkbox"/> Spouse
<input type="checkbox"/> Step-(relative)
Descriptions:		
<input type="checkbox"/> Age
<input type="checkbox"/> Biography
<input type="checkbox"/> Physical appearance
Places:		
<input type="checkbox"/> History
<input type="checkbox"/> Geography
<input type="checkbox"/> Culture
<input type="checkbox"/> Language
<input type="checkbox"/> Facts
Other:
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