

Individual Dossier

Fill out all information on form in relation to the Birth Name listed at the top.

Birth Name:

Male
Female
Transgender

Other Names: (Include married names, nicknames, confirmation names, etc.)

Birth Date:

Where Born?

Death Date:

Where Died?

Where Buried?

Cause of Death:

Parents: (Include Biological, Adoptive, Step, and Foster Parents. List relationship after name.)

Siblings: (Include Biological, Adoptive, Step, and Foster Siblings. List relationship after name.)

Spouse/Partner: (List all spouses or partners and person's current relationship to each-i.e. married, long-term committed relationship, divorced, separated, widowed, etc.)

Children: (Include Biological, Adoptive, Step, and Foster Children. List relationship after name.)

Occupations:

Places Lived: (Long-term & Temporary)

Date Form Completed:
Completed By:
Source(s) of Information:

Health History: (Include major health challenges & diseases.)

Individual Dossier (cont.)

Birth Name:

History, Memories & Miscellaneous Information:

(Provide further details about the items listed on Page 1, i.e. birth dates of parents and children, death dates for same, etc. For occupations, list specific jobs; for places lived, list addresses and give a description of living arrangements, etc. In addition, provide life memories of the person and include schools attended, hobbies enjoyed, grandparents, pets, and other interesting information. Use additional sheets if needed. Do not feel that you must provide an entire life history. Any information given will be useful to researchers.)