

## Personal Data Form INSTRUCTIONS

For years, we used the standard format husband/wife family sheets for encapsulating family information. When you visit the Morrison County Historical Society in Little Falls, MN, you'll find many of these family sheets in our Family Files. Over time, we decided they didn't always capture the various family structures out there. The husband/wife format didn't account for single people. They didn't allow for easily following the women in a family. Additionally, they missed out on capturing adoptive, step, or foster relationships. In hopes of collecting some of this data, we designed the Personal Data Form in 1998.

The main page of the form (the first following these instructions) is split into two columns. The first column is for the primary person you are following. It is not gender specific, so you can follow either a male or female. (Note the check boxes for male or female.) When filling out this half of the form, every item that follows below should be filled out in relation to the person listed above under Birth Name.

The other column is for the spouse's information. Fill out everything in this column in relation to the spouse listed. If the person listed under the Birth Name column has had more than one spouse, ideally, a new Personal Data Form should be filled out for each other spouse the person had.

The second page of the Personal Data Form is dedicated to the children of the person listed under Birth Name. The check boxes labeled "B," "S," "A," and "Fo" show the relationship of each child to this person. "B"= Biological child, "S"=Step-child, "A"=Adopted child, and "Fo"=Foster child. Be sure to fill in the Birth Name and Spouse spaces at the top of the form, in case this page gets separated from the first page. If there are more children than will fit on the form, print additional copies of the page.

The third page is for listing the Siblings of both the person listed under Birth Name and the Spouse. Once again, be sure to fill in these names at the top of the form. Then, list the Siblings for the appropriate person below each name.

We hope you find the Personal Data Form useful. If you find areas that can be improved upon, let us know by calling 320-632-4007, or sending us an email through our website ([www.morrisoncountyhistory.org](http://www.morrisoncountyhistory.org)).

When you've finished filling out Personal Data Forms for your family, consider making copies of them for your area's historical museum or society. Together, we can grow history.

**Personal Data Form**

Date Form Compiled:

**BIRTH NAME:**  F  M

**SPOUSE (by Birth Name):**  F  M

.....  
Most Recent Name:

.....  
Most Recent Name:

Born: Where?

Born: Where?

Died: Where?

Died: Where?

Buried: Where?

Buried: Where?

Cause of Death:

Cause of Death:

Other Major Physical or Mental Ailments?

Other Major Physical or Mental Ailments?

Main Places of Residence:

Main Places of Residence:

Marital Status in Relation to Spouse Listed:  
 Single  Married  Living Together  Separated  Divorced  Widowed

If Divorced or Widowed is Person Remarried?  Yes  No  
 Is Spouse Remarried?  Yes  No

Date Married: Where?

Other Spouses (by Birth Name):  
  
 If more than one spouse, fill out a sheet for each one.

Other Spouses (by Birth Name):  
  
 If more than one spouse, fill out a sheet for each one.

Biological Father's Birth Name:

Spouse's Biological Father:

Biological Mother's Birth Name:

Spouse's Biological Mother:

Other Parents? Include Adoptive, Step or Foster Parents.

Other Parents? Include Adoptive, Step or Foster Parents.

Sources:

Sources:

### Personal Data Form

BIRTH NAME:

SPOUSE:

#### CHILDREN

Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		
Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		
Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		
Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		
Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		
Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		
Name	<input type="checkbox"/> F <input type="checkbox"/> M	Date Born:	Where?	Most Recent Spouse:
		Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Birth Order - Child # _____	Other Biological Parent (if not the Spouse listed):		

**Personal Data Form**

Date Form Compiled:

BIRTH NAME:

SPOUSE:

**SIBLINGS**

**SIBLINGS of Spouse**

Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M
Born:	Born:	Born:	Born:
Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M
Born:	Born:	Born:	Born:
Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M
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Born:	Born:	Born:	Born:
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Born:	Born:	Born:	Born:
Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M	Name <input type="checkbox"/> F <input type="checkbox"/> M
Born:	Born:	Born:	Born:

Notes and Sources: