

TELL US WHAT YOU ALREADY KNOW

PRIMARY PERSON:	Event	Date	&	Place	BDM Ref No.	Cert. ✓
SURNAME:	Born					
Given Names:	Died					
	Buried					
Father's Name:	Born					
Mother's Maiden Name:	Born					
Mother's Given Names:	Born					
Arrival in Aust. Ship & Port:						
Occupation:						
Spouse Maiden Name:	Born					
Spouse Given Names:	Died					
	Buried					
	Married					
Children						
1.	Born					
	Died					
2.	Born					
	Died					
3.	Born					
	Died					
4.	Born					
	Died					
5.	Born					
	Died					

Please continue overleaf if insufficient space and/or add supplementary pages, certificates etc.

I agree to WFHS publishing my research details in our Society Newsletter "Threads" or releasing them to other people researching the same name.

Signature _____

RETURN TO: Wangaratta Family History Society, P.O. Box 683, Wangaratta Vic. 3677

Or EMAIL TO: info@wfhs.org.au

<i>Office Use Only:</i>	<i>Received:</i>	<i>Research ID No:</i>
<i>To Researcher:</i>		
<i>Date Completed & Sent</i>	<i>by: eMail Regular Mail</i>	

