

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>	

