

RESEARCH ASSESSMENT FORM

		Name	Time
	FATHER		,
	Birth date/place		
	Marriage date/pla	ce	
ANCESTOR	Death date/place		
Birth date/place			
Marriage date/place			
Death date/place			
	MOTHER		
	Birth date/place		
SPOUSE	Death date/place		
Birth date/place			
Death date/place			
OTHER FAMILY MEMBERS			
NOTEO			
NOTES			

RESEARCH SUGGESTIONS					
RESEARCH LOG					
DATE	CALL NO/FILM/URL	WEBSITE/SOURCE TITLE	RESULTS (positive/negative)		
Neare	st family history center	(address, phone, hours)	l		
Nearest family history center (address, phone, hours)					