# Form for Family Research

Please fill out the fields carefully, this is the only way to achieve a corresponding result. Thank you.

TITLE:

NAME: \*

SURNAME: \*

STREET AND HOUSE NUMBER:

POSTAL CODE AND PLACE:

COUNTRY:

TELEPHONE: \*

FAX:

EMAIL: \*

Your father

NAME:

SURNAME:

PLACE OF BIRTH:

DAY OF BIRTH:

RELIGION:

Your mother

NAME:

SURNAME:

PLACE OF BIRTH:

DAY OF BIRTH:

RELIGION:

PLACE OF MARRIAGE:

DAY OF MARRIAGE:

Your paternal grandfather

NAME:

SURNAME:

PLACE OF BIRTH:

DAY OF BIRTH:

RELIGION:

Your paternal grandmother

NAME:

SURNAME:

PLACE OF BIRTH:

DAY OF BIRTH:

RELIGION:

PLACE OF MARRIAGE:

DAY OF MARRIAGE:

Your maternal grandfather

NAME:

SURNAME:

PLACE OF BIRTH:

DAY OF BIRTH:

RELIGION:

Your maternal grandmother

NAME:

SURNAME:

PLACE OF BIRTH:

DAY OF BIRTH:

RELIGION:

PLACE OF MARRIAGE:

DAY OF MARRIAGE:

Further information

INFORMATION: