

Form #

Meet Our Family



Person or Couple Being Celebrated

Fill out one form for each family and check one box that shows how they are related to the person or couple being celebrated

<input type="checkbox"/> Person/Couple being celebrated	Mother's Side of the Family	Father's Side of the Family
<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Grandparents (Mother's Parents)	<input type="checkbox"/> Grandparents (Father's Parents)
<input type="checkbox"/> Parents	<input type="checkbox"/> Great Grandparents (Mother's Mother's Parents)	<input type="checkbox"/> Great Grandparents (Father's Mother's Parents)
<input type="checkbox"/> Daughter/Son	<input type="checkbox"/> Great Grandparents (Mother's Father's Parents)	<input type="checkbox"/> Great Grandparents (Father's Father's Parents)
<input type="checkbox"/> Other	<input type="checkbox"/> Aunt/Uncle (Mother's Side)	<input type="checkbox"/> Aunt/Uncle (Father's Side)
	<input type="checkbox"/> Cousin (Mother's Side)	<input type="checkbox"/> Cousin (Father's Side)

Mother/Wife - Name: (First, Middle, Last)	see My Parents Form#: <input type="text"/>
Surname / Maiden Name:	Nickname:
Address (City, State, Zip):	
Home Phone:	Cell Phone:
Work Phone:	Email:
Born: (mm/dd/yyyy)	Place of Birth: (City/St, Country)
Notes:	Date of Death:

Married Date: (mm/dd/yyyy):	Place Married: (City/St, Country)	# Children:
Notes:		

Father/Husband - Name: (First, Middle, Last):	see My Parents Form#: <input type="text"/>
Surname: <input type="checkbox"/> same as spouse	Nickname:
Address: <input type="checkbox"/> same as spouse	
Home Phone:	Cell Phone:
Work Phone:	Email:
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)
Notes:	Date of Death:

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Additional Children for
Form #

Children



If you have more than three children, please fill out an additional "Children" form using the same form # as the original. If you have married children, just list them here, and fill in their information **only** on their own Meet Our Family Form.

Child's Full Name: (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

Child's Full Name: (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

Child's Full Name: (First, Middle, Last):	Nickname:	<input type="checkbox"/> Female <input type="checkbox"/> Male	see My Family Form#: <input type="text"/>
Address: <input type="checkbox"/> same as Parent			
Home Phone: <input type="checkbox"/> same as Parent	Cell Phone:		
Work Phone:	Email:		
Born: (mm/dd/yyyy):	Place of Birth: (City/St, Country)		
Notes:			

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Moments in Our Family



This page is optional, but may be used to collect your thoughts and provide more information.

My Name:	Form #:
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My Recollections:

This last section is more about your recollections and reflections. Your family album will be enriched if you take the time to answer these questions, but it is totally optional.

I would like to tell the person/special couple...
My earliest recollection from childhood is...
My mother...
My father...
My brothers and sisters...
I got engaged (where, when & how)...
I enjoy...
I dream about...
I always wanted to ...
My life has been most influenced by...

Moments in Our Family



Family is...

Marriage is...

Love is...

Things I value most...

One of my favorite memories is when...

When I was a kid, I loved to...

My favorite (colors, music, books, etc.) are...

I had the best time of my life when...

Add your favorite stories, recipes, or anything else you would like to share here...

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