

**RECORD OF ANCESTORS**

Members return this form to:

North of Ireland  
Family History Society  
Unit C4, Valley Business Centre  
67 Church Rd  
Newtownabbey  
BT36 7LS



EVEN IF YOU HAVE SOME  
BLANKS, PLEASE FILL IN  
AS MUCH AS YOU CAN

**YOU:**

Name: .....

Born  
Place  
Married

Membership Number .....

Date .....

Your address: .....

.....

Email: .....

Office Use Only
Date Rec'd by NIFHS

↑ Parents ↑

↑ Grandparents ↑

↑ Great Grandparents ↑

↑ Great Great Grandparents ↑

**Your Father's Father:**

Name .....

Born  
Place  
Married  
Died

N.....

B	P
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N.....

B	P
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N.....

B	P
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N.....

B	P
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N.....

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N.....

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B	P
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**Your Father's Mother:**

Name .....

Born  
Place  
Died

N.....

B	P
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B	P
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B	P
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B	P
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B	P
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N.....

B	P
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B	P
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B	P
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N.....

B	P
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B	P
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B	P
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B	P
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**Your Mother's Father:**

Name .....

Born  
Place  
Died

N.....

B	P
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B	P
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B	P
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B	P
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B	P
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**Your Mother's Mother:**

Name .....

Born  
Place  
Died

N.....

B	P
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B	P
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B	P
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B	P
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B	P
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