

**INDIVIDUAL RESEARCH CHECKLIST**

<b>NAME OF ANCESTOR:</b>	<b>RELATION TO YOU:</b>
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	<b>INFORMATION</b>	<b>NOTES</b>	<b>DOCUMENT OR SOURCE</b>	<b>ARCHIVE &amp; REFERENCE</b>
<b>DATE OF BIRTH:</b>				
<b>DATE OF BAPTISM:</b>				
<b>DATE OF MARRIAGE:</b>				
<b>DATE OF DEATH:</b>				
<b>DATE OF BURIAL:</b>				
<b>EDUCATION:</b>				
<b>DEATH NOTICE AND/OR OBITUARY:</b>				
<b>WILL OR ADMINISTRATION:</b>				
<b>PRINCIPAL OCCUPATIONS:</b>				
<b>PRINCIPAL RESIDENCES:</b>				
<b>MILITARY SERVICE:</b>				