



National Grigsby Family Society – Personal Grigsby FAMILY LINE INFORMATION FORM

Name: _____ Phone: _____ Date: _____

Address: _____ Email: _____
 Street City State Zip

	<u>Full Name</u>	<u>Birth</u> mo-day-yr	<u>Place</u> City, County, State	<u>Death</u> mo-day-yr	<u>Place</u> City, County, State	<u>Spouse Name</u> Maiden, if applicable	<u>Marriage</u> Date, County, State
APPLICANT							
Parent (Grigsby line)							
Grandparent							
1 Gr-Grandparent							
2 Gr-Grandparent							
3 Gr-Grandparent							
4 Gr-Grandparent							
5 Gr-Grandparent							
6 Gr-Grandparent							
7 Gr-Grandparent							
8 Gr-Grandparent							
9 Gr-Grandparent							
10 Gr-Grandparent							
Children & birth years:		Your occupation, hobbies:			Your genealogical, patriotic, or historical society memberships:		