National Grigsby Family Society – Personal Grigsby FAMILY LINE FORM

Name: _____ Phone: _____ Date: _____

Address: _____ Email: _____

Street City State Zip

	Full Name	**Birth** mo-day-yr	**Place** City, County, State	**Death** mo-day-yr	**Place** City, County, State	**Spouse Name** Maiden, if applicable	**Marriage** 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:

▶ When possible, please send copies of **FAMILY RECORD SHEETS**, **NARRATIVE HISTORY OF YOUR FAMILY LINE**, **BIBLE RECORDS**, **NEWSPAPER ARTICLES**, **GENERATION CHARTS –** ANY DOCUMENTS that add to family history. If you cannot make copies, NGFS will copy the originals and return them to you. ◀