



TRONGKON HÅLE'

FAMILY TREE OF

ID

PLEASE PRINT ALL INFORMATION

PERSON BEING RESEARCHED

FIRST NAME: _____

MIDDLE NAMES: _____

SURNAME: _____

BIRTH DATE: _____

BIRTH PLACE (VILLAGE,
ISLAND, COUNTRY): _____

DATE AND PLACE
OF BAPTISM _____

DATE AND PLACE OF
HOLY COMMUNION _____

DATE AND PLACE OF
CONFIRMATION _____

DATE OF DEATH (IF
APPLICABLE) _____

DATE AND PLACE
OF BURIAL _____

IF MARRIED

NAME OF SPOUSE: _____

DATE OF MARRIAGE: _____

IF DIVORCED

DATE OF DIVORCE: _____

CHILDREN

PLEASE LIST ALL CHILDREN (LIVING OR DEAD) IN ORDER OF BIRTH AND INDICATE BIOLOGICAL PARENT(S) IF DIFFERENT

NAME	DATE OF BIRTH	DATE OF DEATH	GENDER	BIOLOGICAL PARENT(S)

ID

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CHILDREN (CONTINUED)

NAME	DATE OF BIRTH	DATE OF DEATH	GENDER	BIOLOGICAL PARENT(S)

ADDITIONAL WORKSHEETS ARE AVAILABLE IF NEEDED. PLEASE INDICATE BELOW IF ADDITIONAL SHEETS ARE USED. BE SURE TO INDICATE HOW MANY ADDITIONAL CHILDREN SHOULD BE LISTED.

YES, A SEPARATE FORM FOR FAMILIES WITH MULTIPLE CHILDREN IS NEEDED TO COMPLETE THIS **TRONGKON HÅLE' FORM**.

THE NUMBER INDICATED REPRESENTS THE NUMBER OF ADDITIONAL CHILDREN THAT NEED TO BE LISTED.

PARENTS

NAME OF BIRTH MOTHER :
(INCLUDING MAIDEN NAME) _____

MATERNAL CLAN NAME(S): _____

NAME OF BIRTH FATHER : _____

PATERNAL CLAN NAME(S): _____

SIBLINGS

PLEASE LIST ALL SIBLINGS (LIVING OR DEAD) IN ORDER OF BIRTH AND INDICATE BIOLOGICAL PARENT(S) IF DIFFERENT

NAME	DATE OF BIRTH	DATE OF DEATH	GENDER	BIOLOGICAL PARENT(S)

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