

DATA WORK SHEET (For recording genealogical information as it is gathered from various sources.)

Date _____ Search No. _____ Enclosure No. _____ Name of Subject _____

Printed Record	Vol.	Page	Location	Subject's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country		
	Document Dated			Recorded		Chr'nd						
	Who controls or has record?			Mar.								
	<input type="checkbox"/>	Bible			Death							
	<input type="checkbox"/>	Census			Burial							
	<input type="checkbox"/>	Church			Places of Residence							
	<input type="checkbox"/>	Correspondence			Occupation		Church Affiliation		Military Rec.			
	<input type="checkbox"/>	Court			Father			Mother				
	<input type="checkbox"/>	Deed			Name of Spouse							
	Check source or type of record and describe.	<input type="checkbox"/>	History			Spouse's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country
<input type="checkbox"/>		Home			Birth							
<input type="checkbox"/>		Interview			Chr'nd							
<input type="checkbox"/>		Military			Death							
<input type="checkbox"/>		Obituary			Burial							
<input type="checkbox"/>		Tombstone			Places of Residence							
<input type="checkbox"/>		Vital Record			Occupation		Church Affiliation		Military Rec.			
<input type="checkbox"/>		Other			Father			Mother				
<input type="checkbox"/>		Original: <input type="checkbox"/> Certified Copy: <input type="checkbox"/> Recorded Copy:			Copy verbatim on this form the information you find in the various records or books as you do your research. (You will find differences in records.) Make a separate sheet for each search or each name or family on your line found in a search. Then, after information has been extracted				from all sources, you may easily make comparisons of statements, judge value of each, and record correct data on a permanent form such as A1, F1, F3 or F6. See The Sixth Edition THE HOW BOOK FOR GENEALOGISTS for additional suggestions regarding the use of this sheet.			
<input type="checkbox"/>		Transcribed Copy: <input type="checkbox"/> Extract:										
<input type="checkbox"/>	Photo Copy: <input type="checkbox"/> Handwritten: <input type="checkbox"/> Typewritten: <input type="checkbox"/> Printed											

Sex	Children's names in full (Arrange in order of birth)	Children's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. info. on children
1	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							
2	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							
3	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							
4	Full name of spouse*	Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.