

NAME	ADDRESS	NATIONALITY AND DESCENT	OCCUPATION	AGE	SCHOOL RECORD	IF DEAD, DATE & CAUSE	PHYSICAL & MENTAL DEFECT
Father							
Mother							
Brother & Sisters							
Paternal Grandfather							
Paternal Grandmother							
Maternal Grandfather							
Maternal Grandmother							
Other Relatives							

NOTE: In preparation of above date, if any of the following are present, please list insanity, feeble-minded, epilepsy, tuberculosis, cancer, allergies, diabetes, venereal, alcoholic and blindness.