

Member Profile of: _____

(Your complete name)

Address: _____ Phone _____

_____ E-mail _____

Which Ancestor is listed in the 1904 Tenney Family Book? _____ Pg# _____

Your Information:

Current Spouse Information:

Date of Birth: _____ Place: _____ Date of Birth: _____ Place: _____
(M/D/Y) (City/State) (M/D/Y) (City/State)

Education – List schools attended/graduated, Degrees/Special Subjects, Years Attended/Graduated

School Name: _____ School Name: _____

Location: _____ Location: _____

Degree/Study: _____ Degree/Study: _____

Years Attended: _____ Years Attended: _____

School Name: _____ School Name: _____

Location: _____ Location: _____

Degree/Study: _____ Degree/Study: _____

Years Attended: _____ Years Attended: _____

Military – List Branch of Service, Dates of Service, Location of Service, Rank, Duties, Citations

Occupation – List Fields of Specialty, Years in field (include as much detail as you wish)

Medical – List family traits (Blonde hair/blue eyes, etc.), hereditary traits (High Blood pressure runs in family, etc.), Cause of death (if applicable). Please include as much detail as is comfortable.

General information – Hobbies, Interests, Affiliations, Talents, Family traditions, Milestones

Additional information:

Do you have official documents (birth/marriage/death certificates)? Y/N

Is there a family plot? Y/N Please list cemetery name/address & plot locations _____

Do you have photographs of headstones? Y/N A map of the cemetery? Y/N

May the Association contact you to obtain copies of any of the above? Y/N

Comments: (We welcome your input): _____

Please use additional sheets if necessary. Thank you.

Family Descendant Record of: _____

(Your complete name)

Your Information:

Date of Birth: _____ Place: _____

Date of Baptism/Christening: _____ Place: _____

Date of Adoption/Guardian Appointment: _____ Explain: _____

Date of First Marriage: _____ Place: _____

Spouse Name: (Full Maiden name/name at time of Marriage) _____

Date Marriage ended/Reason (i.e. death of spouse): _____

Date of Second Marriage: _____ Place: _____

Spouse Name: (Full Maiden name/name at time of Marriage) _____

Date Marriage ended/Reason (i.e. death of spouse): _____

Spouse Information:

Name (Full Maiden name/name at time of marriage): _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening: _____ Place: _____

Date of Adoption/Guardian Appointment: _____ Explain: _____

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Was spouse previously married? Y/N if yes, list date of previous marriage, spouse name, dated ended, children and DOB by previous marriage: _____

Your Children: If children are by more than one spouse – use separate sheet for each family.

Name	DOB/DOD	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the marriages of your children – use separate sheet if necessary.

Name	DOM	Place	Spouse Name	DOB	Place
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your Grandchildren – use separate sheet if necessary.

Name	DOB/DOD	Place	Parents Names
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have great-grandchildren, please list on separate sheet.

Family Record of: _____
(Your complete name)

Your Father's Information:

Full Name: _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening: _____ Place: _____

Date of Adoption/Guardian Appointment: _____ Explain: _____

Date of First Marriage: _____ Place: _____

Spouse Name: (Full Maiden name/name at time of Marriage) _____

Date Marriage ended/Reason (i.e. death of spouse): _____

Date of Second Marriage: _____ Place: _____

Spouse Name: (Full Maiden name/name at time of Marriage) _____

Date Marriage ended/Reason (i.e. death of spouse): _____

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Education: _____

Military Service: _____

Occupation: _____

Medical/Family Traits/Cause of Death: _____

Other Information: _____

Your Mother's Information:

Full Name (Maiden): _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening: _____ Place: _____

Date of Adoption/Guardian Appointment: _____ Explain: _____

Date of other Marriage: _____ Place: _____

Spouse Name: (Full name at time of Marriage) _____

Date Marriage ended/Reason (i.e. death of spouse): _____

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Education: _____

Military Service/Occupation: _____

Medical/Family Traits/Cause of Death: _____

Other Information: _____

Your Siblings: List brothers & sisters – use separate sheet if necessary

Name	DOB/DOD	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the marriages of your brothers/sisters – use separate sheet if necessary.

Name	DOM	Place	Spouse Name	DOB	Place
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Family Ancestry Record of: _____

(Your complete name)

Your Tenney Lineage Information:

Grandfather's Full Name: _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening/Adoption/Guardianship: _____ Place: _____

Explain: _____

Date of Marriage: _____ Place: _____

(If more than one marriage/family – list on separate sheet)

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Education/Occupation: _____

Military Service: _____

Medical/Family Traits/Cause of Death: _____

Other Information: _____

Grandmother's Full Name (Maiden): _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening/Adoption/Guardianship: _____ Place: _____

Explain: _____

(If more than one marriage/family – list on separate sheet)

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Education/Military Service/Occupation: _____

Medical/Family Traits/Cause of Death: _____

Other Information: _____

Aunts & Uncles – use separate sheet if necessary

Name	DOB/DOD	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Great Grandfather's Full Name: _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening/Adoption/Guardianship: _____ Place: _____

Explain: _____

Date of Marriage: _____ Place: _____

(If more than one marriage/family – list on separate sheet)

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Education/Occupation: _____

Military Service: _____

Medical/Family Traits/Cause of Death: _____

Other Information: _____

Great Grandmother's Full Name (Maiden): _____

Date of Birth: _____ Place: _____

Date of Baptism/Christening/Adoption/Guardianship: _____ Place: _____

Explain: _____

(If more than one marriage/family – list on separate sheet)

Date of Death: _____ Place: _____

Date of Burial: _____ Place: _____

Education/Military Service/Occupation: _____

Medical/Family Traits/Cause of Death: _____

Other Information: _____