



## Ancestral Data Sheet

(Fillable Form)

Please fill in any information that you know. If you're unsure of an answer, please put a question mark next to it.

If complete dates are unknown, provide year even it is an approximate.

Preferably, a person's name should be the one given at their *aqeeqah*.

Name:

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Marriage: DD-MM-YYYY

Place of Marriage:

Date of Death: DD-MM-YYYY

Place of Death:

Father's Name:

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Marriage: DD-MM-YYYY

Place of Marriage:

Date of Death: DD-MM-YYYY

Place of Death:

Mother's Name:

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Death: DD-MM-YYYY

Place of Death:

*Dada:*

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Marriage: DD-MM-YYYY

Place of Marriage:

Date of Death: DD-MM-YYYY

Place of Death:

*Dadi:*

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Death: DD-MM-YYYY

Place of Death:

*Nana:*

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Marriage: DD-MM-YYYY

Place of Marriage:

Date of Death: DD-MM-YYYY

Place of Death:

*Nani:*

Date of Birth: DD-MM-YYYY

Place of Birth:

Date of Death: DD-MM-YYYY

Place of Death:

Comments or notes:

Attach a blank sheet for more.

Your Name:

e-mail:

Phone:

Please save and send the completed form to: [pahun.info@gmail.com](mailto:pahun.info@gmail.com) or WhatsApp: 1-306-914-4597

Thank you for your help in compiling and preserving our ancestral heritage!



# Family Data Sheet

(Fillable Form)

Please fill in any information that you know. If you're unsure of an answer, put a question mark next to it. Preferably, a person's name should be the one given at their *aqeeqah*.

## Father's (full name):

Event	Date	Place of event (Village/City, State, Country)
Birth	DD/MM/YYYY	
Marriage	DD/MM/YYYY	
Death	DD/MM/YYYY	
Prior Spouse(s):		

## Mother's (full name):

Event	Date	Place of event (Village/City, State, Country)
Birth	DD/MM/YYYY	
Marriage	DD/MM/YYYY	
Death	DD/MM/YYYY	
Prior Spouse(s):		

## Children (of this marriage)

Full Names	Event	Date	Place of event (Village/City, State, Country)
	Birth	DD/MM/YYYY	
	Marriage	DD/MM/YYYY	
	Death	DD/MM/YYYY	
	Spouse's name		
	Birth	DD/MM/YYYY	
	Marriage	DD/MM/YYYY	
	Death	DD/MM/YYYY	
	Spouse's name		
	Birth	DD/MM/YYYY	
	Marriage	DD/MM/YYYY	
	Death	DD/MM/YYYY	
	Spouse's name		
	Birth	DD/MM/YYYY	
	Marriage	DD/MM/YYYY	
	Death	DD/MM/YYYY	
	Spouse's name		
	Birth	DD/MM/YYYY	
	Marriage	DD/MM/YYYY	
	Death	DD/MM/YYYY	
	Spouse's name		
	Birth	DD/MM/YYYY	
	Marriage	DD/MM/YYYY	
	Death	DD/MM/YYYY	
	Spouse's name		

Your Name:	e-mail:	Phone:
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