

TRUDEL(LE) FAMILY GENEALOGY

NAME : _____ GENDER : _____

ADDRESS : _____ POSTAL/ZIP CODE : _____

EMAIL : _____ PHONE : _____

DATE OF BIRTH : _____ LOCATION : _____

BAPTISMAL DATE : _____ LOCATION : _____

WEDDING DATE : _____ LOCATION : _____

DIVORCE OR SEPARATION DATE : _____

DATE OF DEATH : _____ LOCATION : _____

FUNERAL DATE : _____ LOCATION : _____

NUMBER IN THE RED BOOK : _____ OCCUPATION : _____

FATHER : _____ MOTHER : _____

GRANDFATHER : _____ GRANDMOTHER : _____

PARTNER / SPOUSE

NAME : _____ GENDER : _____

ADDRESS : _____ POSTAL/ZIP CODE : _____

EMAIL : _____ PHONE : _____

DATE OF BIRTH : _____ LOCATION : _____

BAPTISMAL DATE : _____ LOCATION : _____

DATE OF DEATH : _____ LOCATION : _____

FUNERAL DATE : _____ LOCATION : _____

NUMBER IN THE RED BOOK : _____ OCCUPATION : _____

FATHER : _____ MOTHER : _____

Please return this form to :

ginette.trudel@cgocable.ca - (RE : genealogy)

Ginette Trudel
3941, Émile Deschênes, Shawinigan, Qc, G9P 5A6 (819-537-7381)

CHILDREN

NAME : _____ GENDER : _____
DATE OF BIRTH : _____ LOCATION : _____
BAPTISMAL DATE : _____ LOCATION : _____
DATE OF DEATH : _____ LOCATION : _____
FUNERAL DATE : _____ LOCATION : _____
NUMBER IN THE RED BOOK : _____ OCCUPATION : _____

CHILDREN

NAME : _____ GENDER : _____
DATE OF BIRTH : _____ LOCATION : _____
BAPTISMAL DATE : _____ LOCATION : _____
DATE OF DEATH : _____ LOCATION : _____
FUNERAL DATE : _____ LOCATION : _____
NUMBER IN THE RED BOOK : _____ OCCUPATION : _____

CHILDREN

NAME : _____ GENDER : _____
DATE OF BIRTH : _____ LOCATION : _____
BAPTISMAL DATE : _____ LOCATION : _____
DATE OF DEATH : _____ LOCATION : _____
FUNERAL DATE : _____ LOCATION : _____
NUMBER IN THE RED BOOK : _____ OCCUPATION : _____

P.S. : If any of your children have a partner/spouse and/or children of their own, please fill out another form for them.

THANK YOU VERY MUCH FOR YOUR TIME AND FOR YOUR COLLABORATION!