

GENEALOGY INFORMATION

ASSOCIATION des familles GOSSELIN inc.
associationfamillesgosselin@hotmail.com

My identification :

Name : _____ First name : _____

Address : _____

City : _____ State or Prov : _____

Postal code or Zip code : _____

Phone number : () _____ Bus or Cell : () _____

FAX : () _____ e-mail : _____

Birth : day _____ month : _____ year : _____ place : _____

Godfather : _____ Godmother : _____

Occupation : _____

Identification of my wife/husband :

Name : _____ First name : _____

Birth : day _____ month _____ year _____ place _____

Father : _____ Mother : _____

Godfather : _____ Godmother : _____

Occupation : _____

Our marriage : day _____ month _____ year _____ place _____

I hereby authorize the use of personal informations revealed in this document for the genealogy searches and the making of the Genealogic Dictionary of Gosselin families. All informations were given to the best of my knowledge.

Signature

SEND TO:

Association des familles Gosselin
4530, Avenue Nicolas-Fouquet, Québec, QC, G1P 1G3

Genealogy information, Gosselin lineage

My ascendants

1st generation:

My father: _____ First name: _____
Birth: day ___ month ___ year ___ Place: _____
Baptism: day ___ month ___ year ___ Place: _____
Death: day ___ month ___ year ___ Place: _____

Marriage: day ___ month ___ year ___ Place: _____

My mother: _____ First Name: _____
Birth: day ___ month ___ year ___ Place: _____
Baptism: day ___ month ___ year ___ Place: _____
Death: day ___ month ___ year ___ Place: _____

2nd generation

Grandfather: _____ First name: _____
Birth: day ___ month ___ year ___ Place: _____
Baptism: day ___ month ___ year ___ Place: _____
Death: day ___ month ___ year ___ Place: _____

Marriage: day ___ month ___ year ___ Place: _____

Grandmother: _____ First name: _____
Birth: day ___ month ___ year ___ Place: _____
Baptism: day ___ month ___ year ___ Place: _____
Death: day ___ month ___ year ___ Place: _____

my descendants

Name: _____ First name: _____
Birth: day ___ month ___ year ___ Place: _____
Baptism: day ___ month ___ year ___ Place: _____
Marriage: day ___ month ___ year ___ Place: _____
Spouse: _____ First name: _____
Death: day ___ month ___ year ___ Place: _____

Name: _____ First name: _____
Birth: day ___ month ___ year ___ Place: _____
Baptism: day ___ month ___ year ___ Place: _____
Marriage: day ___ month ___ year ___ Place: _____
Death: day ___ month ___ year ___ Place: _____

If more than three (3) children, please use separate page