

Family Group: _____

Sibling Form

Linked Form #: Form #:

Sibling 1 Family #: OM / OF

Given Name: _____
Family Name: _____
Nicknames/Alias: _____
Birth Date: _____
Birth Location: _____
Occupation: _____
Death Date: _____
Death Location: _____

Shows up as
ancestor in
form #s:

Sibling 4 Family #: OM / OF

Given Name: _____
Family Name: _____
Nicknames/Alias: _____
Birth Date: _____
Birth Location: _____
Occupation: _____
Death Date: _____
Death Location: _____

Shows up as
ancestor in
form #s:

Sibling 2 Family #: OM / OF

Given Name: _____
Family Name: _____
Nicknames/Alias: _____
Birth Date: _____
Birth Location: _____
Occupation: _____
Death Date: _____
Death Location: _____

Shows up as
ancestor in
form #s:

Sibling 4 Family #: OM / OF

Given Name: _____
Family Name: _____
Nicknames/Alias: _____
Birth Date: _____
Birth Location: _____
Occupation: _____
Death Date: _____
Death Location: _____

Shows up as
ancestor in
form #s:

Sibling 3 Family #: OM / OF

Given Name: _____
Family Name: _____
Nicknames/Alias: _____
Birth Date: _____
Birth Location: _____
Occupation: _____
Death Date: _____
Death Location: _____

Shows up as
ancestor in
form #s:

Sibling 6 Family #: OM / OF

Given Name: _____
Family Name: _____
Nicknames/Alias: _____
Birth Date: _____
Birth Location: _____
Occupation: _____
Death Date: _____
Death Location: _____

Shows up as
ancestor in
form #s:

Author/Date of this form:

Form from ^{v2}
bloodandfrogs.com

of spill-over form: