

COGA — PEDIGREE STRUCTURE FORM

Please Check Appropriate Space:

___ PROBAND ___ PROBAND'S MATE ___ EXTENDED PROBAND ___ EXTENDED PROBAND'S MATE

NAME: _____
(First) (Last) (Maiden) (Middle)

SEX: Female _____ Male _____ Birthdate: _____
(Month) (Day) (Year)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE: _____
(Home Number) (Work Number)

MARITAL STATUS: Single [], Separated [], Widowed [], Married [], Divorced []

IF MARRIED — NAME OF SPOUSE: _____
(First) (Last) (Maiden) (Middle)

IF A BEST INFORMANT IS COMPLETING THE FORM FOR THE SUBJECT

NAME: _____
(First) (Last) (Maiden) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE: _____
(Home Number) (Work Number)

Relationship to subject (e.g., parent, brother/sister of subject):

Revised\Dec. 1992

SECTION B

INFORMATION ABOUT THE PROBAND'S MATE (S)

Information Re: Proband's First Mate: _____
(First) (Last)

Birthdate: _____ Sex: M _____ F _____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Proband's Second Mate: _____
(First) (Last)

Birthdate: _____ Sex: M _____ F _____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

SECTION C

INFORMATION ABOUT THE CHILDREN OF THE PROBAND

TABLE 1 In the table below, please list all of the children of the proband..

| NAME OF CHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH | ONE PARENT IS THE PROBAND NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|----------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Please provide information about the grandchildren of the proband. Fill in one set of tables for each child of proband who has children.

Name of the proband's first child: _____

| | |
|---|--|
| Information Re: Child's First Mate: _____ (First) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ | Information Re: Child's Second Mate: _____ (First) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ |
|---|--|

| NAME OF GRANDCHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S CHILD NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 3 Name of the proband's second child: _____

| | |
|---|--|
| Information Re: Child's First Mate: _____ (First) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ | Information Re: Child's Second Mate: _____ (First) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ |
|---|--|

| NAME OF GRANDCHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S CHILD NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third child: _____

Information Re: Child's First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Child's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF GRANDCHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S CHILD NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth child: _____

Information Re: Child's First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Child's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF GRANDCHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S CHILD NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth child: _____

Information Re: Child's First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Child's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF GRANDCHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S CHILD NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION D

INFORMATION ABOUT THE BROTHERS AND SISTERS OF THE PROBAND

THESE ARE FULL BROTHERS AND SISTERS

TABLE 1 In the table below, please list all of the brothers and sisters of the proband.

| NAME OF SIBLING | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | PARENTS | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---------|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Please provide information about the brothers and sisters of the proband. Fill in one set of tables for each sibling who has children.

Name of the proband's first sibling: _____

| | |
|--|--|
| Information Re: Siblings First Mate: _____ (First) (Last) | Information Re: Sibling's Second Mate: _____ (First) (Last) |
| Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) | Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) |
| Living: Yes or No If Deceased, Date/Age of Death: _____ | Living: Yes or No If Deceased, Date/Age of Death: _____ |
| Cause of Death: _____ Death State: _____ | Cause of Death: _____ Death State: _____ |

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 3 Name of the proband's second sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth sibling: _____

Information Re: Siblings First Mate: _____
(First) (Last)

Birthdate: _____ Sex: M ____ F ____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
(First) (Last)

Birthdate: _____ Sex: M ____ F ____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION E

INFORMATION ABOUT THE PARENTS OF THE PROBAND

Father's Name: _____
(First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Father's Other Mate: _____
(First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Mother's Name: _____
(First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Mother's Other Mate: _____
(First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
(Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

SECTION F

INFORMATION ABOUT THE HALF BROTHERS AND SISTERS OF THE PROBAND

TABLE 1 In the table below, please list all of the half brothers and sisters of the proband.

| NAME OF HALF SIBLING | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | PARENTS | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---------|--------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FATHER | MOTHER |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Please provide information about the half brothers and sisters of the proband. Fill in one set of tables for each sibling who has children.

Name of the proband's first sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 3 Name of the proband's second sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth sibling: _____

Information Re: Siblings First Mate: _____
 (First) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Sibling's Second Mate: _____
 (First) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

| NAME OF NIECE/NEPHEW | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S SIBLING, NAME THE OTHER PARENT | |
|----------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION G

INFORMATION ABOUT THE AUNTS AND UNCLES OF THE PROBAND MOTHER'S SIDE

THESE ARE FULL AUNTS AND UNCLES

TABLE 1 Aunts and uncles listed in the following table should be brothers and sisters of the proband's MOTHER.

| NAME OF AUNT/UNCLE | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | NAME THE PARENTS OF AUNT/UNCLE | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--------------------------------|--------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FATHER | MOTHER |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Name of the proband's first aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 3 Name of the proband's second aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION H

INFORMATION ABOUT THE PARENTS OF THE PROBAND'S MOTHER

Mother's Father: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Mother's Father's Other Mate: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Mother's Mother: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Mother's Mother Other Mate: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

SECTION I

INFORMATION ABOUT THE HALF AUNTS AND UNCLAS OF THE PROBAND'S MOTHER'S SIDE

TABLE 1 Half aunts and uncles listed in the following table should be brothers and sisters of the proband's MOTHER.

| NAME OF HALF AUNT/UNCLE | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | NAME OF PARENTS OF HALF AUNT/UNCLE | |
|-------------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|------------------------------------|--------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FATHER | MOTHER |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Name of the proband's first aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 3 Name of the proband's second aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)

Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)

Living: Yes or No If Deceased, Date/Age of Death: _____

Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth aunt/uncle mother's side _____

Information Re: Aunt/Uncle's First Mate:
 (First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:
 (First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION J

INFORMATION ABOUT THE AUNTS AND UNCLES OF THE PROBAND FATHER'S SIDE

THESE ARE FULL AUNTS AND UNCLES

TABLE 1 Aunts and uncles listed in the following table should be brothers and sisters of the proband's FATHER.

| NAME OF AUNT/UNCLE | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | NAME THE PARENTS OF AUNT/UNCLE | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--------------------------------|--------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FATHER | MOTHER |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Name of the proband's first aunt/uncle father's side _____

Information Re: Aunt/Uncle's First Mate:
 (First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:
 (First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 5 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

TABLE 3 Name of the proband's second aunt/uncle father's side _____

| | |
|---|---|
| Information Re: Aunt/Uncle's First Mate: | Information Re: Aunt/Uncle's Second Mate: |
| _____ (First) (Middle) (Last) | _____ (First) (Middle) (Last) |
| Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) | Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) |
| Living: Yes or No If Deceased, Date/Age of Death: _____ | Living: Yes or No If Deceased, Date/Age of Death: _____ |
| Cause of Death: _____ Death State: _____ | Cause of Death: _____ Death State: _____ |

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third aunt/uncle father's side _____

| | |
|---|---|
| Information Re: Aunt/Uncle's First Mate: | Information Re: Aunt/Uncle's Second Mate: |
| _____ (First) (Middle) (Last) | _____ (First) (Middle) (Last) |
| Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) | Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) |
| Living: Yes or No If Deceased, Date/Age of Death: _____ | Living: Yes or No If Deceased, Date/Age of Death: _____ |
| Cause of Death: _____ Death State: _____ | Cause of Death: _____ Death State: _____ |

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth aunt/uncle father's side _____

| | |
|---|---|
| Information Re: Aunt/Uncle's First Mate: | Information Re: Aunt/Uncle's Second Mate: |
| _____ (First) (Middle) (Last) | _____ (First) (Middle) (Last) |
| Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) | Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) |
| Living: Yes or No If Deceased, Date/Age of Death: _____ | Living: Yes or No If Deceased, Date/Age of Death: _____ |
| Cause of Death: _____ Death State: _____ | Cause of Death: _____ Death State: _____ |

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth aunt/uncle father's side _____

Information Re: Aunt/Uncle's First Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re: Aunt/Uncle's Second Mate:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION K

INFORMATION ABOUT THE PARENTS OF THE PROBAND'S FATHER

Father Father's: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Father's Father's Other Mate: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Father's Mother: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Father's Mother's Other Mate: _____
 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

SECTION I

INFORMATION ABOUT THE HALF AUNTS AND UNCLAS OF THE PROBAND FATHER'S SIDE

TABLE 1 Half aunts and uncles listed in the following table should be brothers and sisters of the proband's FATHER.

| NAME OF HALF AUNT/UNCLE | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | NAME THE PARENTS OF HALF AUNT/UNCLE | |
|-------------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|-------------------------------------|--------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FATHER | MOTHER |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 2 Name of the proband's first aunt/uncle father's side _____

| | |
|--|---|
| Information Re: Aunt/Uncle's First Mate: _____ (First) (Middle) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ | Information Re: Aunt/Uncle's Second Mate: _____ (First) (Middle) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ |
|--|---|

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 3 Name of the proband's second aunt/uncle father's side _____

| | |
|--|---|
| Information Re: Aunt/Uncle's First Mate: _____ (First) (Middle) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ | Information Re: Aunt/Uncle's Second Mate: _____ (First) (Middle) (Last) Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year) Living: Yes or No If Deceased, Date/Age of Death: _____ Cause of Death: _____ Death State: _____ |
|--|---|

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 4 Name of the proband's third aunt/uncle father's side _____

| | |
|---|--|
| <p>Information Re: Aunt/Uncle's First Mate:</p> <p>_____ (First) (Middle) (Last)</p> <p>Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year)</p> <p>Living: Yes or No If Deceased, Date/Age of Death: _____</p> <p>Cause of Death: _____ Death State: _____</p> | <p>Information Re: Aunt/Uncle's Second Mate:</p> <p>_____ (First) (Middle) (Last)</p> <p>Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year)</p> <p>Living: Yes or No If Deceased, Date/Age of Death: _____</p> <p>Cause of Death: _____ Death State: _____</p> |
|---|--|

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 5 Name of the proband's fourth aunt/uncle father's side _____

| | |
|---|--|
| <p>Information Re: Aunt/Uncle's First Mate:</p> <p>_____ (First) (Middle) (Last)</p> <p>Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year)</p> <p>Living: Yes or No If Deceased, Date/Age of Death: _____</p> <p>Cause of Death: _____ Death State: _____</p> | <p>Information Re: Aunt/Uncle's Second Mate:</p> <p>_____ (First) (Middle) (Last)</p> <p>Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year)</p> <p>Living: Yes or No If Deceased, Date/Age of Death: _____</p> <p>Cause of Death: _____ Death State: _____</p> |
|---|--|

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

TABLE 6 Name of the proband's fifth aunt/uncle father's side _____

| | |
|---|--|
| <p>Information Re: Aunt/Uncle's First Mate:</p> <p>_____ (First) (Middle) (Last)</p> <p>Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year)</p> <p>Living: Yes or No If Deceased, Date/Age of Death: _____</p> <p>Cause of Death: _____ Death State: _____</p> | <p>Information Re: Aunt/Uncle's Second Mate:</p> <p>_____ (First) (Middle) (Last)</p> <p>Birthdate: _____ Sex: M ____ F ____ (Month) (Day) (Year)</p> <p>Living: Yes or No If Deceased, Date/Age of Death: _____</p> <p>Cause of Death: _____ Death State: _____</p> |
|---|--|

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

SECTION M

Please continue any tables from previous sections. Be sure to state clearly which section is being continued and give the names of both parents of each child as well as other information requested. Feel free to attach additional pages as necessary.

Information Re:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF COUSIN | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S AUNT/UNCLE, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|---|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Information Re:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re:

(First) _____ (Middle) _____ (Last) _____
 Birthdate: _____ Sex: M _____ F _____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF CHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S _____, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Information Re:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF CHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S _____, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Information Re:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF CHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S _____, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Information Re:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

Information Re:

 (First) (Middle) (Last)
 Birthdate: _____ Sex: M ____ F ____
 (Month) (Day) (Year)
 Living: Yes or No If Deceased, Date/Age of Death: _____
 Cause of Death: _____ Death State: _____

| NAME OF CHILD | | | BIRTHDATE | SEX | LIVING | DATE/AGE OF DEATH IF DECEASED | CAUSE OF DEATH AND DEATH STATE | ONE PARENT IS THE PROBAND'S _____, NAME THE OTHER PARENT | |
|---------------------|------|------|-----------|-----|--------|-------------------------------|--------------------------------|--|------|
| FIRST, LAST, MAIDEN | TWIN | ADPT | MO/DAY/YR | M/F | Y/N | | | FIRST | LAST |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

