



PAYNE FAMILY QUESTIONNAIRE

Return this form and pictures to thepaynefamilytree@yahoo.com or Sam Carson – 95 Wyndshire Lane, Rochester, NY 14626

In filling out this questionnaire, keep the following in mind:

- Legibly print all information.
- Make copies before you make a mark. You can pass a blank on to other family members.
- You may have to assist an elderly relative in filling out this questionnaire.
- Print all names in FULL! First, middle, last, and any nicknames in Quotes (" ").
- Use BLACK ink pen only. Did I forget to say PRINT? PRINT, PRINT, PRINT!
- We encourage you to send pictures! Please send digital pictures via email or if mailing them send a copy (photos mailed will **not be returned**.) If possible, send individual head shots only and identify the person in the photo.

Contact information for the person filling out this form:

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Father's Name: _____

Mother's Name: _____

Paternal Grandfather's Name: _____

Paternal Grandmother's Name: _____

Maternal Grandfather's Name: _____

Maternal Grandmother's Name: _____

Spouse's Name (include maiden name): _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Father's Name: _____

Mother's Name: _____

Paternal Grandfather's Name: _____

Paternal Grandmother's Name: _____

Maternal Grandfather's Name: _____

Maternal Grandmother's Name: _____

Marriage Date: _____ Place: _____

Children:

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____

Name: _____

Birth Date: _____ Place: _____

Christening Date: _____ Place: _____

Death Date: _____ Place: _____

Burial Date: _____ Place: _____