

LACEFIELD FAMILY TREE DATA SHEET

Please fill out a new sheet for each member of your family.

Date _____ Completed by _____ Sheet _____ of _____

Name

_____ Last _____ First _____ Middle _____ Maiden _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail Address 1 _____ E-Mail Address 2 _____

Male () Female () Birthday _____ Died _____
Month / Day /Year Month / Day /Year

City/State Born _____ City/State Died _____

City/State Buried _____ Occupation _____

Significant Other - Name _____
Last _____ First _____ Middle _____ Maiden Name _____

Married - Yes () No () Date Married _____ City/State Married _____
Month / Day /Year

Divorced - Yes () No () Date Divorced _____
Year

Significant Other - Name _____
Last _____ First _____ Middle _____ Maiden Name _____

Married - Yes () No () Date Married _____ City/State Married _____
Month / Day /Year

Divorced - Yes () No () Date Divorced _____
Year

Parents

Name _____ Father () Mother () Biological () Adopted () Step ()

Name _____ Father () Mother () Biological () Adopted () Step ()

Name _____ Father () Mother () Biological () Adopted () Step ()

(Turn Over)

LACEFIELD FAMILY TREE DATA SHEET

(Continued)

Brothers/Sisters

Name _____ Brother () Sister () Biological () Adopted () Half () Step ()

Name _____ Brother () Sister () Biological () Adopted () Half () Step ()

Name _____ Brother () Sister () Biological () Adopted () Half () Step ()

Name _____ Brother () Sister () Biological () Adopted () Half () Step ()

Name _____ Brother () Sister () Biological () Adopted () Half () Step ()

Children

Name _____ Son () Daughter () Biological () Adopted () Step ()

Name _____ Son () Daughter () Biological () Adopted () Step ()

Name _____ Son () Daughter () Biological () Adopted () Step ()

Name _____ Son () Daughter () Biological () Adopted () Step ()

Name _____ Son () Daughter () Biological () Adopted () Step ()

Use additional sheets for each person as necessary. A sheet should be filled out for each member of the family.

When completed, please mail to:

**LACEFIELD FAMILY REUNION
c/o Patricia Bryant , 400 NE 195th St., Miami, Florida 33179**

Questions may be directed to:
[Patricia Bryant 786-208-9773 \(cell\)](mailto:Patricia.Bryant.786-208-9773@cell) or FlaLacefield25@gmail.com