

Personal Data Form INSTRUCTIONS

For years, we used the standard format husband/wife family sheets for encapsulating family information. When you visit the Morrison County Historical Society in Little Falls, MN, you'll find many of these family sheets in our Family Files. Over time, we found they didn't always capture various family structures. The husband/wife format didn't account for single people. The old family sheets also didn't allow for easily following the women, transgender, or nonbinary people in a family. In addition, they missed out on capturing adoptive, step, or foster relationships. We redesigned this form in 2021 in hopes of allowing families to record this data. At the request of a researcher and for your convenience, we have made it a fillable PDF form.

The main page of the form (the first following these instructions) is split into two columns. The first column is for the primary person you are following. It is not gender specific, so you can follow whomever you want. (Note the dropdown menu for gender.) When filling out this half of the form, every item that follows below should be filled out in relation to the person listed above under Birth Name.

The other column is for the spouse's information. Fill out everything in this column in relation to the spouse listed. If the person listed under the Birth Name column has had more than one spouse, ideally, a new Personal Data Form should be filled out for each spouse the person had.

The second page of the Personal Data Form is dedicated to the children of the person listed under Birth Name. The check boxes labeled "B," "S," "A," and "Fo" show the relationship of each child to this person. "B"= Biological child, "S"=Step-child, "A"=Adopted child, and "Fo"=Foster child. With the fillable PDF, the Birth Name and Spouse spaces at the top of the form, will automatically populate with the names of the people you are tracing from the previous form.

The third page is for listing the Siblings of both the person listed under Birth Name and Spouse. The Birth Name and Spouse will automatically populate at the top of the form. List the Siblings for the appropriate person below each name.

We hope you find the Personal Data Form useful. If you find areas that can be improved upon, let us know by calling 320-632-4007, or sending us an email through our website (www.morrisoncountyhistory.org).

When you've finished filling out Personal Data Forms for your family, consider making copies of them for your area's historical society or museum. Together, we can grow history.

Personal Data Form

BIRTH NAME:

SPOUSE:

CHILDREN

Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		
Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		
Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		
Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		
Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		
Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		
Name	Born:	Where?	Most Recent Spouse:
	Died:	Where?	Date Married:
<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Fo	Other Biological Parent (if not the Spouse listed):		

Personal Data Form

Date Form Compiled:

BIRTH NAME:

SPOUSE:

SIBLINGS

SIBLINGS of Spouse

Name	Name	Name	Name
Born:	Born:	Born:	Born:
Name	Name	Name	Name
Born:	Born:	Born:	Born:
Name	Name	Name	Name
Born:	Born:	Born:	Born:
Name	Name	Name	Name
Born:	Born:	Born:	Born:
Name	Name	Name	Name
Born:	Born:	Born:	Born:
Name	Name	Name	Name
Born:	Born:	Born:	Born:

Notes and Sources: