



GILBERT HISTORICAL SOCIETY
10 S. Gilbert Road
P.O. Box 1484
Gilbert, AZ 85299

Biographical information

This form is intended to make it convenient for you to record your biographical data and your family history. It will be placed in the permanent files of the Society's library. Please include as many facts as you can under each heading and if necessary use the back of the pages or add extra sheets.

The Society museum and library are also vitally concerned with the preservation of historical documents, photographs, art and artifacts. If you or your family has such items, the Society is the ideal institution in which to place them. Here they will be permanently preserved, cataloged, and made available to students of today and the future.

SUBJECT

Name in Full _____
(First) (Middle) (Last)

Occupation _____

Current Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

SUBJECT'S SPOUSE

Name in Full _____

Occupation _____

Current Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Date and Place of Marriage _____

Name of Parents

Father

Mother

Dates and Places of Birth _____

Residence _____

Occupation _____

Dates and Places of Death _____

SUBJECT'S CHILDREN
(Use additional sheets if necessary)

1st Child

Name _____

Date and Place of Birth _____

Occupation _____

Current Address _____

(Or date and place of death

2nd Child

Name _____

Date and Place of Birth _____

Occupation _____

Current Address _____

(Or date and place of death

3rd Child

Name _____

Date and Place of Birth _____

Occupation _____

Current Address _____

(Or date and place of death

SUBJECT'S PARENTS

(If you can give more complete information concerning this and the next topic, please fill out a separate Biographical Information Form on each parent and each brother or sister)

Father

Name _____

Date and Place of Birth _____

Residence _____

Occupation _____

Notable Accomplishments _____

Date and Place of Death _____

Mother

Name _____

Date and Place of Birth _____

Residence _____

Occupation _____

Notable Accomplishments _____

Date and Place of Death _____

SUBJECT'S BROTHERS AND SISTERS

(If more than three, continue on back)

1

2

3

Name_____

Date of Birth_____

Place of Birth_____

Residence_____

Occupation_____

Date of Death_____

SUBJECT'S CAREER

Education (Elementary schools, high school, college)

Military or Government Service (In any of the armed forces, in police or law enforcement and in the National Guard; civil offices to which elected or appointed)

Hobbies, Avocation, and Interests

Church Membership

Membership in Clubs, Societies, and Fraternal Organizations

Places of Residence (Street address where possible; list in chronological order with approximate dates)

Business or Professional Life (Outline in rough chronological order the principal events)

Building, town, or natural feature named after you or anyone of your family

Community service, philanthropic or educational work

