



Research Assessment Form

Name	Date/Time	Goal (What are you hoping to learn today?)

ANCESTOR

Birth Date/Place

Marriage Date/Place

Death Date/Place

FATHER

Birth Date/Place

Marriage Date/Place

Death Date/Place

SPOUSE

Birth Date/Place

Death Date/Place

MOTHER

Birth Date/Place

Marriage Date/Place

Death Date/Place

Other Family Members:

Notes

RESEARCH SUGGESTIONS

RESEARCH LOG

DATE	CALL NO/FILM/URL	WEBSITE/SOURCE TITLE	RESULTS (positive/negative)

NEAREST FAMILY HISTORY CENTER

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