

SAMAHA FAMILY FEEDBACK FORM

Person ID

First Name

Last Name

Person ID

First Name

Last Name

His Name

Her Name

His Father

Her Father

His Mother

Her Mother

Date
mm/dd/yyyy

Place
City, State, Country

Birth

Christened

Died

Buried

Maried

Date
mm/dd/yyyy

Place
City, State, Country

Birth

Christened

Died

Buried

Date
mm/dd/yyyy

Church / Temple
City, State, Country

Baptised (LDS)

Confirmed (LDS)

Initiatory (LDS)

Endowed (LDS)

Selead P (LDS)

Selead S (LDS)

Date
mm/dd/yyyy

Church / Temple
City, State, Country

Baptised (LDS)

Confirmed (LDS)

Initiatory (LDS)

Endowed (LDS)

Selead P (LDS)

Children

| Person ID: | First Name | Last Name | Sex | Date Birth mm/dd/yyyy | Place of Birth City, State, Country | Date Died mm/dd/yyyy | Place of Death City, State, Country |
|----------------------|----------------------|----------------------|----------------------|--------------------------|--|-------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Notes:

CREDITS: How would you like to be credited for your Submission ?

Submitter:

Report Date

Location