

## Clay Family Genealogy Form

You may complete this PDF form on your computer, save it with a different name and print it out. Or, you can print it out and complete it by hand. PLEASE PRINT!

To fill out on the computer, place your cursor in the first box at the top (Your Name:) and click. From there on, you may either click in boxes or use your tab key to move from box to box. For boxes, make sure your cursor is in the box and click or hit "Enter."

For females, please **ALWAYS** enter her **family surname** ("maiden name") if you know it, not the married name. If you don't know the surname, leave it **blank**. Sometimes, of course, it's the same name. Please note that.

Please follow the parent that goes to the **Clay line only**, keeping him/her on the **left side** and mark which it is by clicking on "father" or "mother." See the sample below. "B" is "Born", "M" is married "D" is "Died." Don't worry about information you don't have. That's what the organization is for!

IF you have more than one Clay line, please complete second and/or third forms. Identify where the lines come together by marking with "A" for the first line and "A1" for the second line.

If you know you connect with one of the common lines of the CFS, feel free to stop where you reach that line.

**Sample:** In this case, the Clay line goes through "Susan Smith's" father, Samuel, to his mother, Mary (Clay) Smith.

	Ancestor (Clay Line)	Married	Spouse (other line)
1	Your Name: <i>Susan Smith</i>	<i>1970</i>	Your Spouse: <i>Harry Hatch</i>
2	Your <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother: <i>Sam Smith</i>		Spouse of 2: <i>Mary Cashman</i>
	B: <i>1932</i> In: <i>California</i>	M: <i>1965</i>	B: <i>1939</i> In: <i>California</i>
	D: <i>Living</i> In:	In: <i>CA</i>	D: <i>Living</i> In:
3	<input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother of 2: <i>Mary Clay</i>		Spouse of 3: <i>Harvey Smith</i>
	B: <i>1911</i> In: <i>Omaha, Nebraska</i>	M: <i>1930</i>	B: <i>1907</i> In: <i>Chicago, IL</i>
	D: <i>1992</i> In: <i>Modesto, California</i>	In: <i>NE</i>	D: <i>1980</i> In: <i>Modesto, CA</i>
4	<input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother of 3: <i>Samuel Clay</i>		Spouse of 4: <i>Hermalinda Stokes</i>
	B: <i>1881</i> In: <i>Brooklyn, NY</i>	M: <i>c 1908</i>	B: <i>c 1891</i> In: <i>Warwickshire, England</i>
	D: <i>1928</i> In: <i>Brooklyn, NY</i>	In:	D: <i>1946</i> In: <i>Modesto, California</i>

	Ancestor (Clay Line)	Married	Spouse (other line)
1	Your Name:		Your Spouse:
2	Your <input type="checkbox"/> Father <input type="checkbox"/> Mother:		Spouse of 2:
	B:	In:	M:
	D:	In:	In:
3	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 2:		Spouse of 3:
	B:	In:	M:
	D:	In:	In:
4	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 3:		Spouse of 4:
	B:	In:	M:
	D:	In:	In:
5	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 4:		Spouse of 5:
	B:	In:	M:
	D:	In:	In:
6	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 5:		Spouse of 6:
	B:	In:	M:
	D:	In:	In:
7	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 6:		Spouse of 7:
	B:	In:	M:
	D:	In:	In:
8	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 7:		Spouse of 8:
	B:	In:	M:
	D:	In:	In:
9	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 8:		Spouse of 9:
	B:	In:	M:
	D:	In:	In:

	<i>Ancestor (Clay Line)</i>		<i>Married</i>	<i>Spouse (other line)</i>	
10	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 9:			Spouse of 10:	
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
11	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 10:			Spouse of 11:	
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
12	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 11:			Spouse of 12:	
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
13	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 12:			Spouse of 13:	
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
14	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 13:			Spouse of 14:	
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
15	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 14:			Spouse of 15:	
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:

Comments:

Your Contact Information:

Address \_\_\_\_\_ Primary Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Second Phone # (\_\_\_\_) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

If you have a website, or a tree on Ancestry.com or other host, please indicate its name and location:

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