

Family Registration

FAMILY MEMBER

Father's Name (First, Middle, Last)	
Mother's Name (First, Middle, Last)	Maiden Name
Family Line - Checkmark all family lines that you belong to: <input type="checkbox"/> Cole <input type="checkbox"/> Compton <input type="checkbox"/> Fife <input type="checkbox"/> Johnson <input type="checkbox"/> McFarland <input type="checkbox"/> Thompson <input type="checkbox"/> Tribe <input type="checkbox"/> York	
To better help us know where to link your family in the family tree, is the Father or the Mother the blood relative? Circle one. <p style="text-align: center;">Father Mother</p>	
Then, please fill out the Parents and Grandparents sections to the right, so we know where to link your family within the family organization.	

PARENTS

Fathers Name (First, Middle, Last)	Custom Num-
Mothers Name (First, Middle, Last) (Maiden)	Custom Num-

GRAND PARENTS

Grand Fathers Name (First, Middle, Last)	Custom Num-
Grand Mothers Name (First, Middle, Last) (Maiden)	Custom Num-

CHILDREN (start from oldest to youngest)

Name (First, Middle, Last)	Date of Birth (Day, Month, Year)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Is this child married? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (First, Middle, Last)	Date of Birth (Day, Month, Year)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Is this child married? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (First, Middle, Last)	Date of Birth (Day, Month, Year)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Is this child married? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name (First, Middle, Last)	Date of Birth (Day, Month, Year)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Is this child married? Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTACT INFORMATION

Address		
City	State	Zip Code
Phone	Fax	
E-mail	Instant Messenger Screen Name	

MEMBERSHIP INFORMATION

Check #	Send payment of \$25.00 and this form to: Our Families Roots Organization 1024 E. 4525 S. Ogden, Utah 84403
Is this a renewal of your membership? Yes <input type="checkbox"/> No <input type="checkbox"/>	

COMMENTS

You might include what you do for a living or what special skills you have that might be able to help the family organization.
