



Association des familles Perron d'Amérique inc.
498, 9e Rang Val-Joli, QC J1S 0H3
FORMULAIRE GÉNÉALOGIQUE

This is my personal contribution to the genealogy and history of the PERRON families. I acknowledge and accept that this information appear in the data bank of the Association des familles Perron as well as in the Perron Family Dictionary.

Signature _____

(If the form is filled in by hand, please use BLOCK letters. Write all dates as follows: 18 January 2011 or 18/01/2011.)

IDENTIFICATION OF THE RESPONDANT

Family Name _____ Given Names _____

Address _____

City _____ Province/State _____ Country _____

Postal Code _____ AFPA membership number if applicable _____

E-mail address _____

BIRTH AND BAPTISM

Date of Birth _____ Place of Birth (City) _____

Province/State _____ Country _____

Date of Baptism _____ Parish where Baptized _____

MARRIAGE OR COMMON-LAW UNION

Date _____ Parish and City _____

Province/State _____ Country _____

Family Name and Given Names of my spouse/partner _____

Date and Place of Birth _____

Family Name and Given Names of her father _____

Family Name and Given Names of her mother _____

INFORMATION ON MY ANCESTRY

Family Name and Given Names of my Father _____

Date and Place of Birth _____

Date and Place of Death (if applicable) _____

Date and Place of Burial (if applicable) _____

Family Name and Given Names of my Mother _____

Date and Place of Birth _____

Date and Place of Marriage _____

Date and Place of Death (if applicable) _____

Date and Place of Burial (if applicable) _____

Family Name and Given Names of **my paternal grandfather** _____

Family Name and Given Names of **my paternal grandmother** _____

Family Name and Given Names of **my maternal grandfather** _____

Family Name and Given Names of **my maternal grandmother** _____

MY CHILDREN (STARTING WITH THE OLDEST)

Family Name and Given Names _____

Date of Birth _____ Place (City) of Birth _____

Date of Baptism _____ Place (Parish) where Baptized _____

Family Name and Given Names of Spouse/Partner (if applicable) _____

Date and Place of Marriage (if applicable) _____

Family Name and Given Names _____

Date of Birth _____ Place (City) of Birth _____

Date of Baptism _____ Place (Parish) where Baptized _____

Family Name and Given Names of Spouse/Partner (if applicable) _____

Date and Place of Marriage (if applicable) _____

Family Name and Given Names _____

Date of Birth _____ Place (City) of Birth _____

Date of Baptism _____ Place (Parish) where Baptized _____

Family Name and Given Names of Spouse/Partner (if applicable) _____

Date and Place of Marriage (if applicable) _____

Family Name and Given Names _____

Date of Birth _____ Place (City) of Birth _____

Date of Baptism _____ Place (Parish) where Baptized _____

Family Name and Given Names of Spouse/Partner (if applicable) _____

Date and Place of Marriage (if applicable) _____

Family Name and Given Names _____

Date of Birth _____ Place (City) of Birth _____

Date of Baptism _____ Place (Parish) where Baptized _____

Family Name and Given Names of Spouse/Partner (if applicable) _____

Date and Place of Marriage (if applicable) _____

NOTE: If your children also have children, please use a form for each family.

PLEASE return this form to the mailing address indicated above or by e-mail at: perronn@gmail.com .