

Getting Started in Genealogy

Prepared by Donna Dugle Young

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STANDARD FORMAT

1. Names written - First Middle LAST (**Mary Jane SMITH**)
2. Dates written - day month year (**1 JAN 2015**)
3. Places written - city, county, state (**Grass Valley, Nevada Co., California**)
4. Always use lady's **maiden** name

IMPORTANT GUIDELINES

1. **ALWAYS** start with yourself and work back in time
2. **NEVER** carry your original documents with you.
3. When requesting information always enclose a **SASE**

FORMS

1. Pedigree Chart
2. Family Group Sheet
3. Correspondence Log
4. Research Log

INSTRUCTIONS FOR FILLING OUT THE PEDIGREE CHART

Use pencil until you are positive, then use black ink

Start with yourself as #1, your father is #2 and your mother #3

Your spouse is at the lower left

Males are even numbers (exception is if you are #1). Female are odd numbers.

When completely filled in use continuation numbers

For more regarding Ahnentafel Charts go to: <http://eogen.editme.com/ahnentafel>

INSTRUCTIONS FOR FILLING OUT THE FAMILY GROUP SHEET

Use pencil until you are positive, then use black ink

Children are listed in order of birth

Record sources by placing a number in the circle after the fact and the same number in the circle at the beginning of the line in Footnotes and Documentation.

Use a separate Group Sheet for each marriage

INSTRUCTIONS FOR FILLING OUT LOGS (both Correspondence and Research)

Fill in as you go along

SUPPLIES

File drawers or box with hanging folders and manila folders

Notebook & Dividers [Avery's Extra Wide Heavy Duty Reference Binder]

Sheet protectors - **Archival quality**

Return address labels for everything that leaves your home

#9 and #10 white envelopes for Self Addressed Letters for requests

REFERENCE MATERIAL

The Source: A Guidebook of American Genealogy, edited by Szucs & Luebking

The Researcher's Guide to American Genealogy by Val D. Greenwood 3rd ed.

Evidence Citation & Analysis for the Family Historian by Elizabeth Shown Mills

Map Guides to the U.S. Federal Censuses 1790-1920 by Thorndale & Dollarhide

Abbreviations

abt.	about	cem.	cemetery	twp.	township
b.	born	obit	obituary	Co.	county
d.	died				
m.	marriage	___y ___ m ___ d			
		XX years XX months XX days			- age usually at death

Acronyms

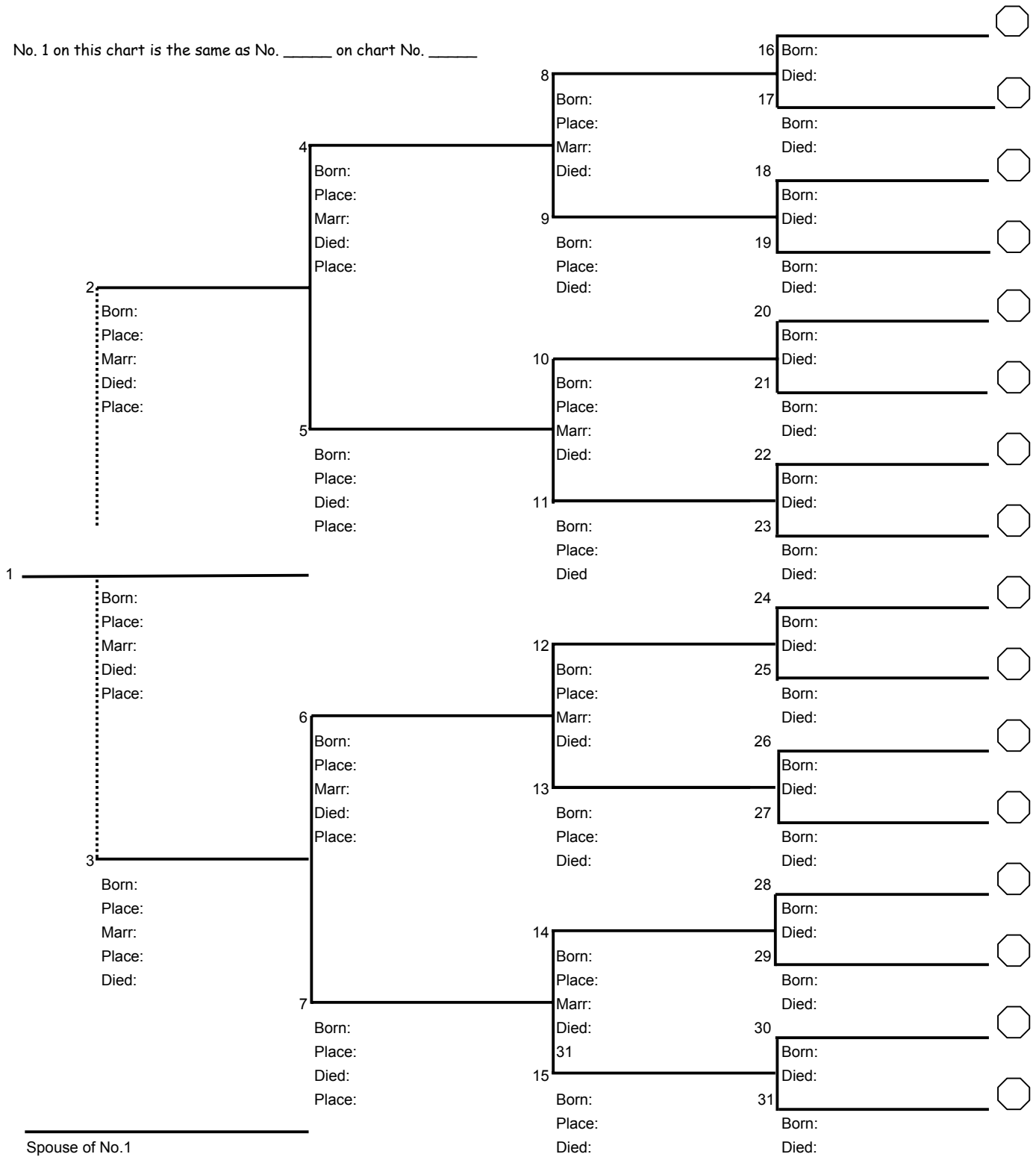
AIS... Accelerated Index System (on Fiche at the Family History Centers)
FHC...Family History Center (3700 throughout the world)
FHL.. Family History Library (Salt Lake City, UT)
FHLC...Family History Library Catalog on Internet at: <http://familysearch.org/>
GEDCOM...Genealogical Data Communication (a format that enables two different genealogy computer programs to talk to each other)
IGI...International Genealogical Index on the Internet at: <http://familysearch.org/>
LDS...Church of Jesus Christ of Latter-day Saints
NGS.. National Genealogical Society, __CGS Co. Chapters of Genealogical Society
SASE...Self Addressed Stamped Envelope
SSDI... Social Security Death Index on the Internet at: Ancestry.com > Card Catalog > enter "SSDI" in "Keyword" box > click on U.S. Social Security Death Index > fill in info > click on "Search"

U.S. Postal Service Abbreviations

AL	Alabama	LA	Louisiana	OH	Ohio
AK	Alaska	ME	Maine	OK	Oklahoma
AZ	Arizona	MD	Maryland	OR	Oregon
AR	Arkansas	MA	Massachusetts	PA	Pennsylvania
CA	California	MI	Michigan	RI	Rhode Island
CO	Colorado	MN	Minnesota	SC	South Carolina
CT	Connecticut	MS	Mississippi	SD	South Dakota
DE	Delaware	MO	Missouri	TN	Tennessee
FL	Florida	MT	Montana	TX	Texas
GA	Georgia	NE	Nebraska	UT	Utah
HI	Hawaii	NV	Nevada	VT	Vermont
ID	Idaho	NH	New Hampshire	VA	Virginia
IL	Illinois	NJ	New Jersey	WA	Washington
IN	Indiana	NM	New Mexico	WV	West Virginia
IA	Iowa	NY	New York	WI	Wisconsin
KA	Kansas	NC	North Carolina	WY	Wyoming
KY	Kentucky	ND	North Dakota		

Pedigree Chart

No. 1 on this chart is the same as No. _____ on chart No. _____

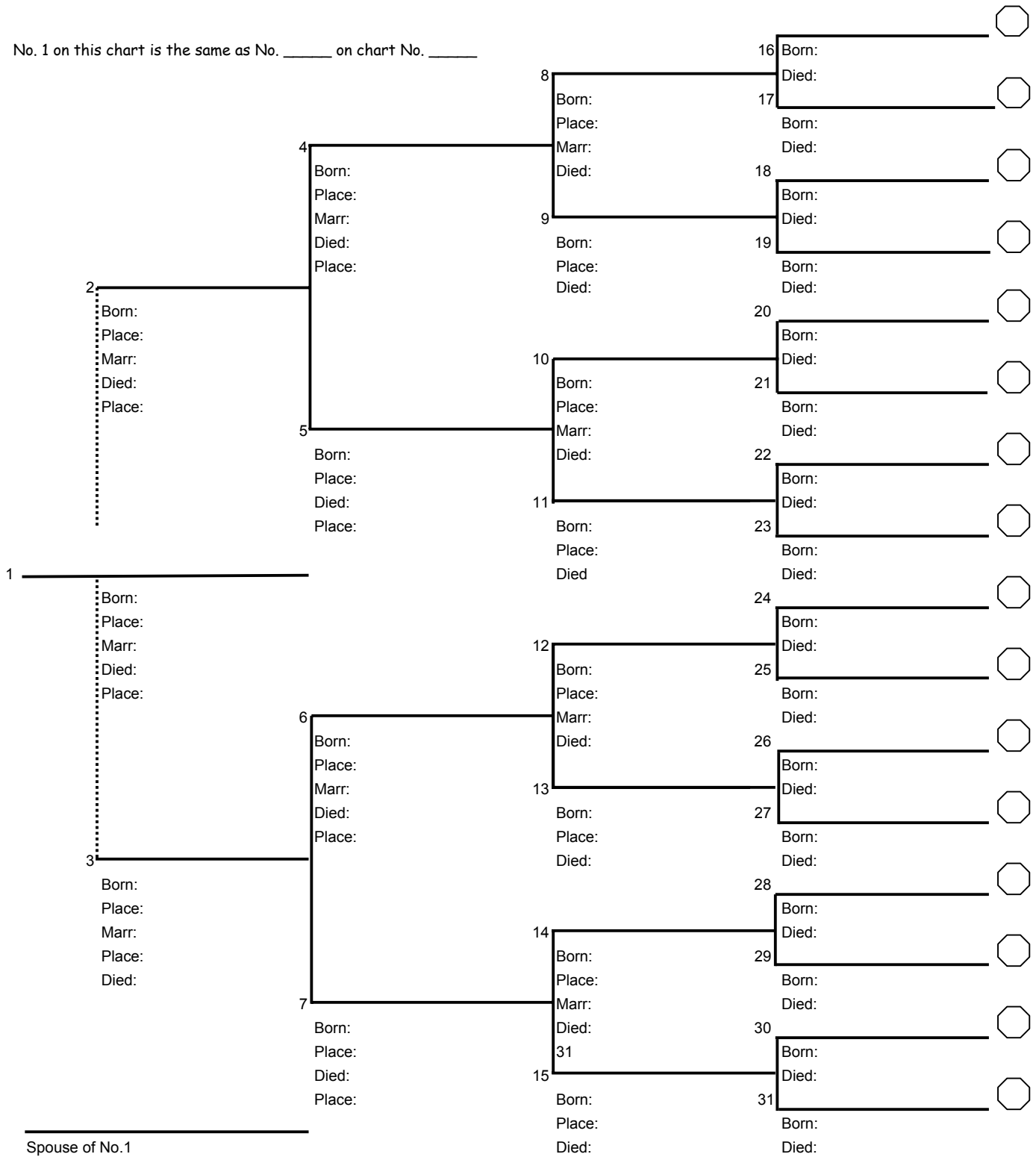


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Pedigree Chart

No. 1 on this chart is the same as No. _____ on chart No. _____



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Instructions for filling out Pedigree Charts

1. On the upper right corner number this paper Chart No. 1.
2. Start with yourself – place your name on space #1.
3. Your father on space #2, his father on space #4, and your father's mother on space #5.
4. Your mother on space #3, her father on space #6, and your mother's mother on space #7.
5. Complete filling out the chart as far as you can.
6. If or when, you can go farther than your great-great-grandparents then you must start another chart.
7. At the far right side, you'll see just under space #16 "cont. on Chart ___." Write 2.
8. Continue to enter numbers 3 through 17.
9. The person's name on space #16 through #31 will be repeated on space #1 on the appropriate continuing chart.
10. Get another Pedigree Chart and in the upper right corner make this Chart No. 2 and continue down that column with numbers 18 through 33.
11. Check the chart on the following page to find the continuing numbering sequence.

Pedigree Chart

Person No. 1 on this chart is the same as Person No. ___ on Chart No. ___

b. = Date of Birth
m. = Date of Marriage
d. = Date of Death

1. _____
b. _____
m. _____
d. _____

2. _____
b. _____
m. _____
d. _____

3. _____
b. _____
m. _____
d. _____

4. _____
b. _____
m. _____
d. _____

5. _____
b. _____
m. _____
d. _____

6. _____
b. _____
m. _____
d. _____

7. _____
b. _____
m. _____
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8. _____
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9. _____
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29. _____
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30. _____
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31. _____
b. _____
m. _____
d. _____

32. _____
b. _____
m. _____
d. _____

33. _____
b. _____
m. _____
d. _____

Chart No. 1

Chart No. 2

Chart No. 3

Chart No. 4

Chart No. 5

Chart No. 6

Chart No. 7

Chart No. 8

Chart No. 9

Chart No. 10

Chart No. 11

Chart No. 12

Chart No. 13

Chart No. 14

Chart No. 15

Chart No. 16

Chart No. 17

Chart No. 18

Chart No. 19

Chart No. 20

Chart No. 21

Chart No. 22

Chart No. 23

Chart No. 24

Chart No. 25

Chart No. 26

Chart No. 27

Chart No. 28

Chart No. 29

Chart No. 30

Chart No. 31

Chart No. 32

Chart No. 33

Chart No. 34

Chart No. 35

Chart No. 36

Chart No. 37

Chart No. 38

Chart No. 39

Chart No. 40

Chart No. 41

Chart No. 42

Chart No. 43

Chart No. 44

Chart No. 45

Chart No. 46

Chart No. 47

Chart No. 48

Chart No. 49

Chart No. 368

Family Group Sheet

HUSBAND'S NAME _____	WIFE'S MAIDEN NAME _____
Date of Birth _____ <input type="checkbox"/>	Date of Birth _____ <input type="checkbox"/>
Place of Birth _____ <input type="checkbox"/>	Place of Birth _____ <input type="checkbox"/>
Date of Death _____ <input type="checkbox"/>	Date of Death _____ <input type="checkbox"/>
Place of Death _____ <input type="checkbox"/>	Place of Death _____ <input type="checkbox"/>
Father _____ <input type="checkbox"/>	Father _____ <input type="checkbox"/>
Mother's Maiden Name _____ <input type="checkbox"/>	Mother's Maiden Name _____ <input type="checkbox"/>
Date of Marriage _____ <input type="checkbox"/>	
Married _____ times. Other Spouses _____	Married _____ times. Other Spouses _____ <input type="checkbox"/>

	M/F	CHILDREN	BIRTH	DEATH	MARRIAGE
1		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
2		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
3		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
4		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
5		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
6		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
7		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
8		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>

FOOTNOTES AND DOCUMENTATION

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Family Group Sheet

HUSBAND'S NAME _____	WIFE'S MAIDEN NAME _____
Date of Birth _____ <input type="checkbox"/>	Date of Birth _____ <input type="checkbox"/>
Place of Birth _____ <input type="checkbox"/>	Place of Birth _____ <input type="checkbox"/>
Date of Death _____ <input type="checkbox"/>	Date of Death _____ <input type="checkbox"/>
Place of Death _____ <input type="checkbox"/>	Place of Death _____ <input type="checkbox"/>
Father _____ <input type="checkbox"/>	Father _____ <input type="checkbox"/>
Mother's Maiden Name _____ <input type="checkbox"/>	Mother's Maiden Name _____ <input type="checkbox"/>
Date of Marriage _____ <input type="checkbox"/>	
Married _____ times. Other Spouses _____	Married _____ times. Other Spouses _____ <input type="checkbox"/>

	M/F	CHILDREN	BIRTH	DEATH	MARRIAGE
1		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
2		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
3		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
4		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
5		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
6		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
7		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>
8		<input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>	Date: _____ <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Place: _____ <input type="checkbox"/>

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