

**DLIFGC Italian Immigrant Information Form**

Please submit completed form to DLIFGC.cbrown@gmail.com

HUSBAND	_____	Immigrant	Yes	No
Birth Place	_____	Birthdate	_____	
Where Settled	_____	Year of Immigration	_____	
Date of Death	_____	Place of Death	_____	
Cemetery Name	_____	Place of Burial	_____	
Father's Name	_____	Mother's (Maiden)	_____	
Marriage Date	_____	Where Married	_____	

WIFE	_____	Immigrant	Yes	No
Birth Place	_____	Birthdate	_____	
Where Settled	_____	Year of Immigration	_____	
Date of Death	_____	Place of Death	_____	
Cemetery Name	_____	Place of Burial	_____	
Father's Name	_____	Mother's Maiden	_____	

CHILDREN OF ABOVE IMMIGRANT(S) (In order of birth) (For their marriages, see corresponding number below.)	M or F	BIRTHDATE	PLACE OF BIRTH	PLACE OF DEATH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

MARRIAGES OF ABOVE CHILDREN		M or F	BIRTHDATE	PLACE OF BIRTH	PLACE OF DEATH
DATE OF MARRIAGE	NAME OF SPOUSE				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					