

## DLIFGC Italian Immigrant Information Form

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

<b>HUSBAND</b>	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 _____		
<b>WIFE</b>	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					