FAMILY TREE

Cross Out Class That is Not Applicable	Children *or* Brothers/Sisters	Grandchildren *or* Nieces/Nephews	Great Grandchildren *or* Grandnieces/Grandnephews
_____ Decedent	_____	_____	_____
_____ Name of Spouse	_____	_____	_____
____Deceased_____ Date		_____	_____
____Divorced_____ Date	_____	_____	_____
____Never Married		_____	_____
	_____	_____	_____
	_____	_____	_____

STATE OF NEW YORK
COUNTY OF
_____ being duly sworn, states that the charts contained on this paper are correct.

_____
Sworn to me on _____

_____
NOTARY PUBLIC

NOTE: Complete reverse side of family tree form also

Form FT-1

Grandparents	Aunts and Uncles	First Cousins #	**First Cousins Once Removed #
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
_____		(___)_____	(___)_____
Paternal Grandfather	_____	(___)_____	(___)_____
		(___)_____	(___)_____
_____	_____		(___)_____
Paternal Grandmother	Father of Decedent		
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
		(___)_____	(___)_____
	_____	(___)_____	(___)_____
		(___)_____	(___)_____
			(___)_____
_____		(___)_____	(___)_____
Maternal Grandfather	_____	(___)_____	(___)_____
		(___)_____	(___)_____
_____	_____		(___)_____
Maternal Grandmother	Mother of Decedent		

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_____

Sworn to before me on _____

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**List First Cousins Once Removed by # that corresponds with deceased first cousin.