



# My Family

Stories That Bring Us Together



# This book belongs to:

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**"We discover something about ourselves  
when we learn about our ancestors."**

**President Thomas S. Monson  
The Church of Jesus Christ of Latter-day Saints**

*"Constant Truths for Changing Times,"  
Ensign or Liahona, May 2005, 2*



# How to Use This Workbook

Fill out pages in any order.



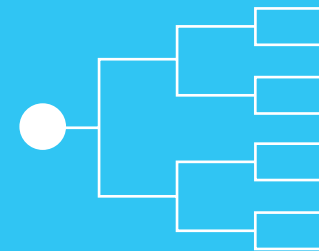
Let your family help you with the ancestor information you don't know.



When one deceased ancestor's information is complete, add it to FamilySearch.org and perform his or her ordinance work in the temple.

## My Story

Me



# Me

# My Spouse



Place photograph here.



1. Complete this ancestor's information.



2. Add information to FamilySearch.org.



3. Perform ordinance work in the temple.



NAME: \_\_\_\_\_

.....

Something about me:

\_\_\_\_\_

\_\_\_\_\_

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My hobbies, interests, and favorite traditions:

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\_\_\_\_\_

Birth Date: \_\_\_\_\_

Place: \_\_\_\_\_

Deceased: Yes  No  Death Date: \_\_\_\_\_

Place: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

NAME: \_\_\_\_\_

.....

Something about him/her:

\_\_\_\_\_

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My hobbies, interests, and favorite traditions:

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\_\_\_\_\_

Birth Date: \_\_\_\_\_

Place: \_\_\_\_\_

Deceased: Yes  No  Death Date: \_\_\_\_\_

Place: \_\_\_\_\_

Marriage Date: \_\_\_\_\_



Place photograph here.



1. Complete this ancestor's information.



2. Add information to FamilySearch.org.



3. Perform ordinance work in the temple.





# Our Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

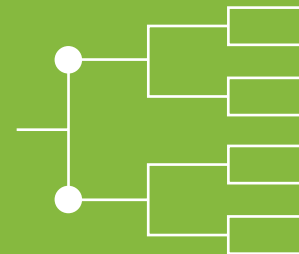
Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Parents



## My Family





# My Brothers and Sisters

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

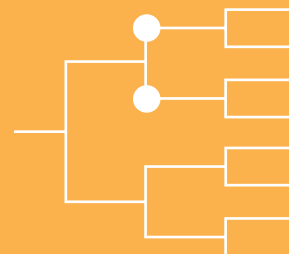
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Grandparents



Father's Side







# Grandparents' Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

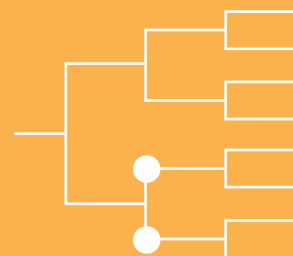
Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Grandparents



Mother's Side





# Grandparents' Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

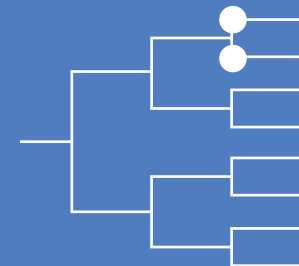
Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Great-Grandparents



Father's Father's Side





# Great-Grandparents' Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

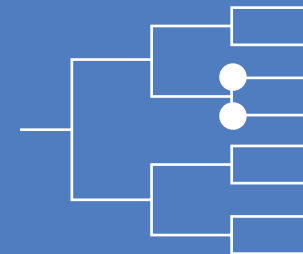
Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Great-Grandparents



Father's Mother's Side





# Great-Grandparents' Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

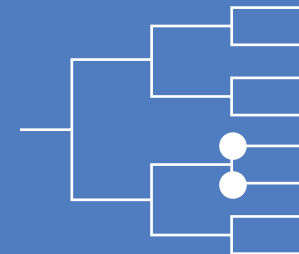
Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Great-Grandparents



Mother's Father's Side







# Great-Grandparents' Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

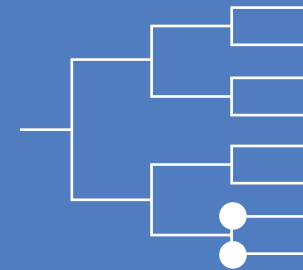
Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex: Male  Female  Deceased: Yes  No   
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

# My Great-Grandparents



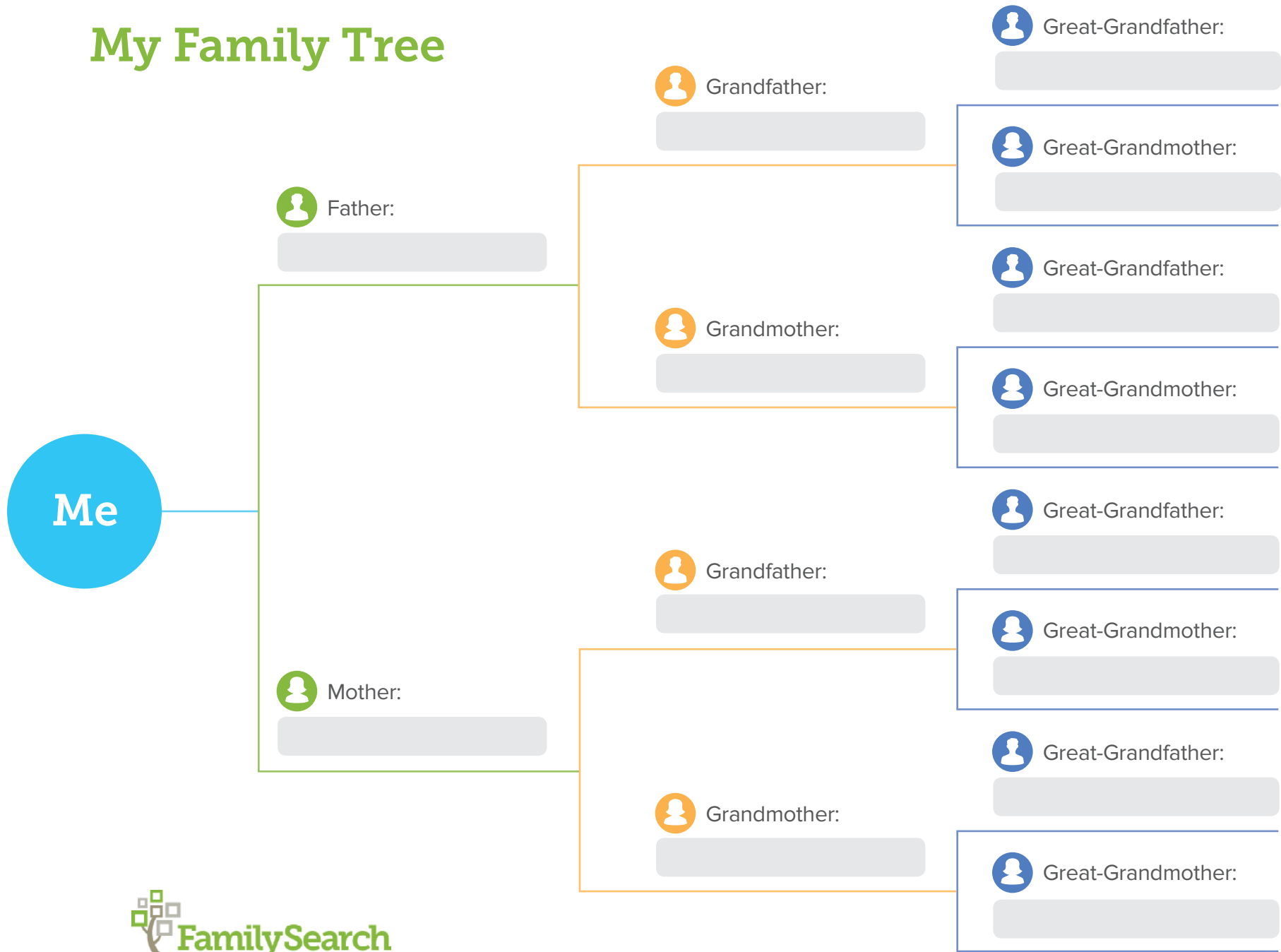
Mother's Mother's Side







# My Family Tree







# My Ancestor's Children

Place a check  by each name as you complete the temple ordinances.

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Male  Female  Deceased: Yes  No

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_



The work of gathering Heavenly Father's family ... is for everyone. We are all gatherers.

Henry B. Eyring  
"Gathering the Family of God,"  
Ensign or Liahona, May 2017

For further information, contact:



THE CHURCH OF  
JESUS CHRIST  
OF LATTER-DAY SAINTS

