

Family History Questionnaire

This questionnaire is a part of our Enrollment/Family History collaborative. Please fill out the answers to reflect the **CHILD'S** history. Thank You.

1. I was born in _____.
City/State
2. My parent's name is _____. He or she was
Born in _____ on _____.
State or County Date/Year
3. My parent's name is _____. He or she was
Born in _____ on _____.
State or County Date/Year
4. When my parent was a child they lived in _____.
5. When my parent was a child they lived in _____.
6. Did my grandparents or great grandparents come from another country?
Which person _____
Which person _____
7. What are my family's cultural/ethnic heritage? _____
8. Does our family have any special customs or traditions? _____

9. Does your family have a special relative who's important to our family? _____

10. Do you speak another language at home? If yes, what language is it? _____

11. What are your parent's occupations? _____

12. Is there anything else you would like us to know about you? _____

