



New Client Intake Form

Congratulations on taking the first step towards learning about your heritage! We are so excited to be on this journey with you and cannot wait to help you learn more! Please complete these forms to the best of your ability for us to research your tree to the fullest capacity. If you do not know the answer to something or it does not apply to you, please write "do not know" or "not applicable" in the line. Do **NOT** leave blank.

Client Information

1. Full Name: _____
2. Date of Birth: _____
3. Location of Birth: _____
4. Full Name of Siblings (if applicable): _____

Parental Information

1. Father's Full Name: _____
2. Date of Birth: _____
3. Location of Birth: _____
4. Date of Death (if living, please notate): _____
5. Place of Death (if living, please notate): _____
6. Full Name of Father's Siblings (if applicable): _____

7. Mother's Full Name: _____
8. Date of Birth: _____
9. Location of Birth: _____
10. Date of Death (if living, please notate): _____
11. Place of Death (if living, please notate): _____
12. Full Name of Mother's Siblings (if applicable): _____



Paternal Grandparent Information

1. Paternal Grandfather's Full Name: _____
2. Date of Birth: _____
3. Location of Birth: _____
4. Date of Death (if living, please notate): _____
5. Place of Death (if living, please notate): _____
6. Full Name of Paternal Grandfather's Siblings (if applicable): _____

7. Paternal Grandmother's Full Name: _____
8. Date of Birth: _____
9. Location of Birth: _____
10. Date of Death (if living, please notate): _____
11. Place of Death (if living, please notate): _____
12. Full Name of Paternal Grandmother's Siblings (if applicable): _____

Maternal Grandparent Information

1. Maternal Grandfather's Full Name: _____
2. Date of Birth: _____
3. Location of Birth: _____
4. Date of Death (if living, please notate): _____
5. Place of Death (if living, please notate): _____
6. Full Name of Maternal Grandfather's Siblings (if applicable): _____

7. Maternal Grandmother's Full Name: _____
8. Date of Birth: _____
9. Location of Birth: _____
10. Date of Death (if living, please notate): _____



11. Place of Death (if living, please notate): _____

12. Full Name of Maternal Grandmother's Siblings (if applicable): _____

Other Information:

1. Do you have any information or ideas on where your ancestral heritage is from (i.e, German on Paternal Grandmother, Irish on Maternal Grandfather)?

2. Do you have any relatives that you are most interested in learning more about?

3. What are you looking to get out of your family tree and do with it in the future?

I hereby confirm that the information that I have provided is the truth to the best of my knowledge. By signing this, I agree to allow Past to Present Genealogy Services, LLC the right to access information that is public record about myself, my immediate family, and my ancestors, deceased and living, in order to further research my family tree. I understand that some sides of my family tree may not be able to be researched if there is a lack of record or information about certain people. All information that is uncovered will be reported in my final report.

Signature: _____

Printed Name: _____

Date: _____