

# Carrier Family Questionnaire

I am researching the Carrier family, which came from Wales, in the mid 1600s. I would very much appreciate as much information as you can provide to me about your family. Of course, returning this form is not mandatory, but it would certainly help me in my research, and I would appreciate it very much.

Please return this form with as much of the information as you know to: Bob Munro, 29 Butler Road, North Haven, Connecticut 06473.

Husband's Name: \_\_\_\_\_

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

Christening Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Husband's Father's Name: \_\_\_\_\_

Husband's Mother's Name: \_\_\_\_\_

Husband's Paternal Grandfather's Name: \_\_\_\_\_

Husband's Paternal Grandmother's Name: \_\_\_\_\_

Husband's Maternal Grandfather's Name: \_\_\_\_\_

Husband's Maternal Grandmother's Name: \_\_\_\_\_

Wife's Name (maiden name): \_\_\_\_\_

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

Christening Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Wife's Father's Name: \_\_\_\_\_

Wife's Mother's Name: \_\_\_\_\_

Wife's Paternal Grandfather's Name: \_\_\_\_\_

Wife's Paternal Grandmother's Name: \_\_\_\_\_

Wife's Maternal Grandfather's Name: \_\_\_\_\_

Wife's Maternal Grandmother's Name: \_\_\_\_\_

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

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1. Name: (Male / Female): \_\_\_\_\_

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

Christening Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse (maiden name): \_\_\_\_\_

2. Name: (Male / Female): \_\_\_\_\_

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

Christening Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse (maiden name): \_\_\_\_\_

3. Name: (Male / Female): \_\_\_\_\_

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

Christening Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse (maiden name): \_\_\_\_\_

4. Name: (Male / Female): \_\_\_\_\_

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

Christening Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

Burial Date: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse (maiden name): \_\_\_\_\_

Other Information: \_\_\_\_\_

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# Carrier Family Questionnaire

Other Information: \_\_\_\_\_

There are a couple purposes for this form: First, to see if our families come from a common ancestor and second, to simply locate the various Carrier family members around the country. If you have any more information than that requested above, I would dearly love to have it. Or, if you have any pictures, certificates, old documents, etc. from the past, I would very much like to get a copy of them. Not only would they help my research but will also make the forthcoming Carrier Family History more interesting. I will gladly send a copy to anyone who responds.

Thank you very much for your time.