

**Family Questionnaire for
The James H. and Mary M. Gnam Educational Trust**

Name _____ **Date of Birth** ___/___/___

Address _____

Your SSN: _____

Parents names and address if still living, including mother's maiden name: _____

Father: Date of birth _____ **Date of death** _____

Mother: Date of birth _____ **Date of death** _____

Grandparents names and addresses if still living, including grandmother's maiden name

Grandfather: Date of birth _____ **Date of death** _____

Grandmother: Date of birth _____ **Date of death** _____

Names, SSN, date of birth and addresses of all of your children:

1.

2.

3.

4.

Names and addresses of all of your brothers and sisters and their children (if known)

1.

2.

3.

4.