



**Eddy Family Association, Inc.  
Eddy Family Association Genealogical Form**

PLEASE PRINT OR TYPE ALL INFORMATION. BE CLEAR AND ACCURATE AND PLEASE DOUBLE CHECK THE INFORMATION YOU ARE SUBMITTING.

CD GEDCOM FILES OR WORD FILES NOW ACCEPTED  
Please list all dates in the following format: DD/MM/YYYY

If the individual you are submitting has appeared in any of the EFA Publications please List the following:  
EFA PUBLICATION \_\_\_\_\_, PAGE # \_\_\_\_\_, Genealogical # \_\_\_\_\_

**INDIVIDUAL YOU ARE SUBMITTING** {FULL NAME, INCLUDING MAIDEN NAME IF APPLICABLE}

Birth Date \_\_\_\_\_ Place \_\_\_\_\_  
Death Date \_\_\_\_\_ Place \_\_\_\_\_  
Buried at \_\_\_\_\_ in \_\_\_\_\_

(Please complete a separate form for each marriage)

Complete Name of Spouse \_\_\_\_\_  
Marriage Date \_\_\_\_\_ Place \_\_\_\_\_  
Birth Date \_\_\_\_\_ Place \_\_\_\_\_  
Death Date \_\_\_\_\_ Place \_\_\_\_\_  
Buried at \_\_\_\_\_ in \_\_\_\_\_

Name Of Spouse's Parents {please include maiden name when possible}

Children By The Above Marriage or Relationship:

Complete Name	Birth Date	Place	Death Date	Place

Career details or interesting facts

Eddy Ancestors:

	Complete Name	Date of Death	Place of death	Genealogical #
Father or Mother				
Grandfather/Mother				
G-Grandfather/Mother				
Gr-gr grandfather/Mother				

Name and address of person supplying this information and relationship to above individual:

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

Relationship: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Email: \_\_\_\_\_

Please send form or genealogical information to:  
Rita Eddy-Gianetti, EFA Genealogist -P.O. Box 754, Wheat Ridge, CO 80034  
Email: [genealogist@eddyfamilyassociation.com](mailto:genealogist@eddyfamilyassociation.com)