My Family
Stories That Bring Us Together
"We discover something about ourselves when we learn about our ancestors."

President Thomas S. Monson
The Church of Jesus Christ of Latter-day Saints

“Constant Truths for Changing Times,”
Ensign or Liahona, May 2005, 2
How to Use This Workbook

Fill out pages in any order.

Let your family help you with the ancestor information you don’t know.

When one deceased ancestor’s information is complete, add it to FamilySearch.org and perform his or her ordinance work in the temple.
Me

NAME: ________________________________

Something about me:

My hobbies, interests, and favorite traditions:

Birth Date: __________________________
Place: ______________________________
Deceased: Yes □ No □ Death Date: ______
Place: ______________________________
Marriage Date: ________________________

My Spouse

NAME: ________________________________

Something about him/her:

My hobbies, interests, and favorite traditions:

Birth Date: __________________________
Place: ______________________________
Deceased: Yes □ No □ Death Date: ______
Place: ______________________________
Marriage Date: ________________________$
Additional Marriage

NAME: ____________________________

Something about him/her:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Birth Date: ____________________ Place: __________________________
Deceased: Yes □ No □ Death Date: __________
Place: __________________________
Marriage Date: __________________
Our Children

Place a check ☑ by each name as you complete the temple ordinances.

Name: __________________________  Sex: Male ☐ Female ☐  Deceased: Yes ☐ No ☐
Birth Date: _________________  Place: ______________________
Death Date: _________________  Place: ______________________

Name: __________________________  Sex: Male ☐ Female ☐  Deceased: Yes ☐ No ☐
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Name: __________________________  Sex: Male ☐ Female ☐  Deceased: Yes ☐ No ☐
Birth Date: _________________  Place: ______________________
Death Date: _________________  Place: ______________________
Father

**NAME:**

Stories and memories about him:

Birth Date: ____________________________
Place: ________________________________
Deceased: Yes ☐ No ☐ Death Date: ______
Place: ________________________________
Marriage Date: _________________________

Mother

**NAME:**

Stories and memories about her:

Birth Date: ____________________________
Place: ________________________________
Deceased: Yes ☐ No ☐ Death Date: ______
Place: ________________________________
Marriage Date: _________________________

1. Complete this ancestor’s information.
3. Perform ordinance work in the temple.
### My Brothers and Sisters

Place a check ☑️ by each name as you complete the temple ordinances.

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### My Grandparents

**Father’s Side**

[Family tree diagram]

1. Name: ____________________________
   - Sex: Male ☐ Female ☐
   - Deceased: Yes ☐ No ☐
   - Birth Date: ____________
   - Place: _______________
   - Death Date: ____________
   - Place: _______________

2. Name: ____________________________
   - Sex: Male ☐ Female ☐
   - Deceased: Yes ☐ No ☐
   - Birth Date: ____________
   - Place: _______________
   - Death Date: ____________
   - Place: _______________

3. Name: ____________________________
   - Sex: Male ☐ Female ☐
   - Deceased: Yes ☐ No ☐
   - Birth Date: ____________
   - Place: _______________
   - Death Date: ____________
   - Place: _______________

4. Name: ____________________________
   - Sex: Male ☐ Female ☐
   - Deceased: Yes ☐ No ☐
   - Birth Date: ____________
   - Place: _______________
   - Death Date: ____________
   - Place: _______________

5. Name: ____________________________
   - Sex: Male ☐ Female ☐
   - Deceased: Yes ☐ No ☐
   - Birth Date: ____________
   - Place: _______________
   - Death Date: ____________
   - Place: _______________
Grandfather

NAME: ________________________________

Stories and memories about him:

Birth Date: __________________________
Place: _______________________________
Deceased: Yes □ No □ Death Date: ______
Place: _______________________________
Marriage Date: _______________________

1. Complete this ancestor’s information.
3. Perform ordinance work in the temple.

Grandmother

NAME: ________________________________

Stories and memories about her:

Birth Date: __________________________
Place: _______________________________
Deceased: Yes □ No □ Death Date: ______
Place: _______________________________
Marriage Date: _______________________

1. Complete this ancestor’s information.
3. Perform ordinance work in the temple.
## Grandparents’ Children

Place a check ✓ by each name as you complete the temple ordinances.

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### My Grandparents

#### Mother’s Side

![Family Tree Diagram]

1615
Grandfather

NAME: ________________________________

Stories and memories about him:

Birth Date: ________________________________
Place: ________________________________
Deceased: Yes □ No □ Death Date: ________
Place: ________________________________
Marriage Date: ________________________________

Grandmother

NAME: ________________________________

Stories and memories about her:

Birth Date: ________________________________
Place: ________________________________
Deceased: Yes □ No □ Death Date: ________
Place: ________________________________
Marriage Date: ________________________________
Grandparents’ Children

Place a check ☑ by each name as you complete the temple ordinances.

Name: ____________________________
Sex:   Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ___________ Place: __________________________
Death Date: ___________ Place: __________________________

Name: ____________________________
Sex:   Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ___________ Place: __________________________
Death Date: ___________ Place: __________________________

Name: ____________________________
Sex:   Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ___________ Place: __________________________
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Sex:   Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ___________ Place: __________________________
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Sex:   Male ☐ Female ☐ Deceased: Yes ☐ No ☐
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Name: ____________________________
Sex:   Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ___________ Place: __________________________
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My Great-Grandparents

Father’s Father’s Side
Great-Grandfather

NAME: ________________________________

Stories and memories about him:

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Birth Date: ____________________________
Place: _________________________________
Deceased: Yes □ No □ Death Date: ________
Place: _________________________________
Marriage Date: _________________________

Great-Grandmother

NAME: ________________________________

Stories and memories about her:

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Birth Date: ____________________________
Place: _________________________________
Deceased: Yes □ No □ Death Date: ________
Place: _________________________________
Marriage Date: _________________________
Great-Grandparents’ Children

Place a check ☑ by each name as you complete the temple ordinances.

Name: ____________________________
Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ______________ Place: ____________________________
Death Date: ______________ Place: ____________________________

Name: ____________________________
Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ______________ Place: ____________________________
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Name: ____________________________
Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
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Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
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Name: ____________________________
Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: ______________ Place: ____________________________
Death Date: ______________ Place: ____________________________

My Great-Grandparents

Father’s Mother’s Side
Great-Grandfather

NAME: ____________________________________________

Stories and memories about him:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Birth Date: ___________________________  Place: ___________________________
Deceased: Yes ☐ No ☐  Death Date: __________  Place: _______________________
Marriage Date: _______________________  Place: ___________________________

Great-Grandmother

NAME: ____________________________________________

Stories and memories about her:

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__________________________________________________________________________

Birth Date: ___________________________  Place: ___________________________
Deceased: Yes ☐ No ☐  Death Date: __________  Place: _______________________
Marriage Date: _______________________  Place: ___________________________
Great-Grandparents’ Children

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Great-Grandfather

NAME: ________________________________

Stories and memories about him:

________________________
________________________
________________________
________________________
________________________

Birth Date: __________________
Place: ____________________
Deceased: Yes □ No □ Death Date: ______
Place: ____________________
Marriage Date: ________________

Great-Grandmother

NAME: ________________________________

Stories and memories about her:

________________________
________________________
________________________
________________________
________________________

Birth Date: __________________
Place: ____________________
Deceased: Yes □ No □ Death Date: ______
Place: ____________________
Marriage Date: ________________
Great-Grandparents’ Children

Place a check ☑️ by each name as you complete the temple ordinances.

Name: __________________________
Sex: ☐ Male ☐ Female
Deceased: ☐ Yes ☐ No
Birth Date: ________________ Place: _______________________
Death Date: ________________ Place: _______________________

Name: __________________________
Sex: ☐ Male ☐ Female
Deceased: ☐ Yes ☐ No
Birth Date: ________________ Place: _______________________
Death Date: ________________ Place: _______________________

Name: __________________________
Sex: ☐ Male ☐ Female
Deceased: ☐ Yes ☐ No
Birth Date: ________________ Place: _______________________
Death Date: ________________ Place: _______________________

Name: __________________________
Sex: ☐ Male ☐ Female
Deceased: ☐ Yes ☐ No
Birth Date: ________________ Place: _______________________
Death Date: ________________ Place: _______________________

Name: __________________________
Sex: ☐ Male ☐ Female
Deceased: ☐ Yes ☐ No
Birth Date: ________________ Place: _______________________
Death Date: ________________ Place: _______________________

Name: __________________________
Sex: ☐ Male ☐ Female
Deceased: ☐ Yes ☐ No
Birth Date: ________________ Place: _______________________
Death Date: ________________ Place: _______________________

My Great-Grandparents

Mother’s Mother’s Side
Great-Grandfather

NAME: ____________________________

Stories and memories about him:
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________

Birth Date: ________________________
Place: ____________________________
Deceased: Yes □ No □ Death Date: ______
Place: ____________________________
Marriage Date: ____________________________

Great-Grandmother

NAME: ____________________________

Stories and memories about her:
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________

Birth Date: ________________________
Place: ____________________________
Deceased: Yes □ No □ Death Date: ______
Place: ____________________________
Marriage Date: ____________________________

1. Complete this ancestor’s information.
3. Perform ordinance work in the temple.
Great-Grandparents’ Children

Place a check ☑ by each name as you complete the temple ordinances.

Name:

Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: __________ Place: __________
Death Date: __________ Place: __________

Name:

Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: __________ Place: __________
Death Date: __________ Place: __________

Name:

Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: __________ Place: __________
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Name:

Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: __________ Place: __________
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Name:

Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
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Birth Date: __________ Place: __________
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Sex: Male ☐ Female ☐ Deceased: Yes ☐ No ☐
Birth Date: __________ Place: __________
Death Date: __________ Place: __________

What feelings or impressions did you have while you worked on this booklet?


Follow through on any feelings and promptings you had during this process. This may include:

- Sharing your testimony with family and friends.
- Inviting family members who felt the Spirit during this process to meet with missionaries.
My Family Tree

- **Father:**
- **Mother:**
- **Grandmother:**
- **Grandfather:**
- **Great-Grandmother:**
- **Great-Grandfather:**

Me
Additional Ancestors

The following two pages may be used for ancestors that may not have a page dedicated to them earlier in this workbook.

My Ancestor

NAME: ____________________________________________

Stories and memories about him/her:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Birth Date: ____________________________
Place: ____________________________
Deceased: Yes ☐ No ☐ Death Date: __________
Place: ____________________________

Spouse: ____________________________
Marriage Date: ____________________________

Notes: ____________________________________________
________________________________________________________________________

1. Complete this ancestor’s information.


3. Perform ordinance work in the temple.
My Ancestor’s Children

Place a check ☑ by each name as you complete the temple ordinances.

Name:

Sex: Male ☐ Female ☐  Deceased: Yes ☐ No ☐  
Birth Date: ___________________  Place: ___________________
Death Date: ___________________  Place: ___________________

Name:

Sex: Male ☐ Female ☐  Deceased: Yes ☐ No ☐  
Birth Date: ___________________  Place: ___________________
Death Date: ___________________  Place: ___________________

Name:

Sex: Male ☐ Female ☐  Deceased: Yes ☐ No ☐  
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The work of gathering Heavenly Father’s family ... is for everyone. We are all gatherers.

Henry B. Eyring
“Gathering the Family of God,”
Ensign or Liahona, May 2017

For further information, contact: