



QUESTIONNAIRE

Mail to: April Bell - 241 Lafayette Cir. #20, Lafayette, CA 94549

Briefly answer each question that applies to you. Feel free to jump around and skip the sections which don't apply to you or your life.

Providing this information helps me create the outline for our filmed interview session(s). Take your time with this and enjoy reflecting back on your life and all the experiences you have had! I'm looking forward to our time together.

Full Name: _____

Name You Prefer To Be Addressed By: _____

Address: _____

Phone Number: _____

Date of Birth: _____ **Place of Birth:** _____

Full Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

FULL NAMES & BIRTH DATES OF CHILDREN:

_____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

FULL NAMES & BIRTH YEARS OF GRAND-CHILDREN:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

YOUR PARENTS:

Mother (include Maiden Name): _____

Mother's DOB: _____ Place of Birth: _____

Father: _____

Father's DOB: _____ Place of Birth: _____

NAME & YEARS OF DEATH OF SPOUSE/CHILDREN (IF APPLICABLE):

MATERNAL GRANDPARENTS:

Mom's Mother (include Maiden Name): _____

Her DOB: _____ Place of Birth: _____

Her Date of Death: _____ Place of Death: _____

Mom's Father: _____

His DOB: _____ Place of Birth: _____

His Date of Death: _____ Place of Death: _____

PATERNAL GRANDPARENTS:

Father's Mother: _____

His DOB: _____ Place of Birth: _____

His Date of Death: _____ Place of Death: _____

Father's Father: _____

His DOB: _____ Place of Birth: _____

His Date of Death: _____ Place of Death: _____

ANY STEP-PARENTS?:

SIBLINGS – DATES OF BIRTH AND DEATH (IF APPLICABLE):

Name: _____

Date of Birth: _____ Date of Death: _____

Name: _____

Date of Birth: _____ Date of Death: _____

Name: _____

Date of Birth: _____ Date of Death: _____

Name: _____

Date of Birth: _____ Date of Death: _____

DWELLING LOCATIONS AND DATES – (main places you have lived):

HIGHEST YEAR OF SCHOOLING (check one):

Elementary (grade): _____ High School: _____ College: _____

Graduate Study: _____ Ph.D.: _____

Filed(s) of Study: _____

Name of University/College: _____

MILITARY SERVICE:

Dates & Location(s): _____

OCCUPATION(S):

RELIGIOUS AFFILIATION (IF ANY):

LIFE HISTORY QUESTIONS:

If there are specific stories, events, etc... you would like to be sure are included, please briefly note them here:

If there is a specific time period you would like us to focus on, please give a few details:

Description of yourself, how would you define yourself in the world?:

A treasured memory:

Love ~ What do you remember most about being in love:

Your thoughts when you met your spouse for the first time:

Your best and your longest friendship(s):

Your proudest moment(s) as a parent were:

What you learned from being a parent:

Your greatest joy of being a Grandparent/Great-grandparent is:

Most memorable gift you ever gave or received:

Family tradition that is most important to you:

Some of your skills and talents over the years:

Your favorite job (paid or not!):

Volunteering you have done:

Hobbies you have done - (main hobbies; include approximate year started):

Meaningful Travel or Vacations (please list most memorable or favorite(s) with dates):

Your greatest achievement has been:

The most outstanding world event(s) to occur during your life:

The one thing that has remained constant through all stages of life:

Your main inspirational source in life has been:

A value you hold close to your heart is:

The most valuable lesson you have learned is:

What you hope for your children and grandchildren in the future:

Topics to be covered not mentioned above OR specific topic you want covered:
