



**Association des Familles Michaud inc.**

CP 45  
RIMOUSKI QC G5L 7B7

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Tél.: 418 724-5944

# GENALOGICAL INFORMATION

We thank provide informations about your family. This will very useful to complement our database and we will perhaps establish missing links.

*Note: If you are unsure of any information, please do not enter it at all.*

VOUS			
First name	Name	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Are you or have you ever been a member of the Michaud association?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Member number (if you know) :	Phone ( ) -
Birth (date YYMMDD) and place			
Father's first name	Father's name		
Father's birth	AAMMJJ ____-____-____		
Mother's first name	Mother's name		
Mother's birth	AAMMJJ ____-____-____		
Date (YYMMDD) and place of marriage of my parents			
Brothers (name, birth) from the same father and mother			
1.			
2.			
3.			
4.			
Sisters (name, birth) from the same father and mother			
1.			
2.			
3.			
4.			
Other information descendants Michaud you want to send us (second marriage, half brother, half-sister, etc.)			
Marital status			
MARRIED <input type="checkbox"/> COMMUN-LAW PARTNER <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> SEPARATED / DIVORCED <input type="checkbox"/>			

**HUSBAND OR WIFE**

Your first name

Your name

His (her) first name

His (her) name

Date (YYMMDD) and place of birth

Date (YYMMDD) and place of your marriage (If it's happened)

Name and surname of each of the children from your union, and birth

1.

2.

3.

4.

5.

*Note: complete another sheet if you wish to inform us of other children you have, coming from another union.*

His (her) father's first name

His (her) father's name

His (her) mother's first name

His (her) mother's name

**GRANDPARENTS (PARENTS OF YOUR FATHER)**

First name of your grandfather	Name
Maiden first name of your grandmother	Name
Date (YYMMDD) and place of marriage	

**GREAT-GRANDPARENTS (GRANDPARENTS OF YOUR FATHER)**

First name of your great grandfather	Name
First maiden name of your great grandmother	Name
Date (YYMMDD) and place of marriage	

**GRANDPARENTS (PARENTS OF YOUR MOTHER)**

First name of your great grandfather	Name
First maiden name of your great grandmother	Name
Date (YYMMDD) and place of marriage	

**GREAT-GRANDPARENTS (GRANDPARENTS OF YOUR MOTHER)**

First name of your great grandfather	Name
First maiden name of your great grandmother	Name
Date (YYMMDD) and place of marriage	

**SEND THIS FORM TO :****By mail :**

Association des Familles Michaud Inc.  
Case postale 45  
Rimouski QC G5L 7B7

**Or, after printed, completed and scanned,** by email attachment to [afmi@hotmail.ca](mailto:afmi@hotmail.ca)

- If you are a member in good standing, you will find this information in a few months in the genealogical database of our association, accessible free online as long as you are a member.
- The AFMI genealogist reserves the right not to enter information which appears to him contradictory, incomplete or inaccurate, according to his own research.
- *Reminder: If you are unsure of any information, simply do not enter it. In genealogy, it is better not to have information at all rather than perpetuate an erroneous one.*