Family Group:	Family Form	Form #:
Marri	larriage Date:age Location:	Linked Form #:
Father	Source Mother	Source Form #:
Given Name: Family Name: Nieksamas (Alies)	Family Name:	
Nicknames/Alias: Birth Location:	Birth Date:	
Birth Location: Occupation: Death Date:	Occupation:	
Death Location:	Death Location:	
Child 1 OM / OF	Family Child 4	OM / OF Form #:
Given Name: Family Name: Nicknames/Alias:	Family Name: Nicknames/Alias:	
Birth Date: Birth Location:	Birth Date: Birth Location:	
Occupation: Death Date: Death Location:	Occupation: Death Date:	
Child 2 OM / OF	Family Child 5	OM / OF Form #:
Given Name:Family Name:	Given Name: Family Name:	
Nicknames/Alias:	Nicknames/Alias:	
Birth Date: Birth Location:	Birth Location:	
Occupation:	Occupation:	
Death Date: Death Location:		
Child 3 OM / OF	Family Child 6	OM / OF Form #:
Given Name:	Given Name:	
Family Name:Nicknames/Alias:	Family Name. Nicknames/Alias:	
Birth Date:	Birth Date:	
DITUT LOCATION.		
Occupation:	Occupation:	
Death Date: Death Location:	Death Location:	
Author/Date of this form:	Form from v2	ibling spill-over form #: