



OTM BIOGRAPHICAL RECORD

This form is intended to make it convenient for you to record biographical data and family history. Please include as many facts as you can under each heading, and use extra sheets if necessary. Your OTM Biographical Record will be archived at OTM.

OTM also accepts historical photographs, documents, publications, and artifacts. If you would like to donate items, OTM will preserve and make them available for exhibit and/or research. Use the OTM Deed of Gift Agreement to make your donation.

SUBJECT

Name in Full _____
(First) (Middle/Maiden) (Last)

Phone and E-Mail _____

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

SUBJECT'S SPOUSE

(If you have more complete information, fill out a separate OTM Biographical Record.)

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Date and Place of Marriage _____

Occupation _____

Notable Accomplishments _____

SUBJECT'S CHILDREN

(If you have more complete information, fill out a separate OTM Biographical Record.)

1st Child

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____

2nd Child

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____



3rd Child

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____

SUBJECT'S PARENTS

(If you have more complete information, fill out a separate OTM Biographical Record.)

Father

Name in Full _____
(First) (Middle) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____

Mother

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____

SUBJECT'S SIBLINGS

(If you have more complete information, fill out a separate OTM Biographical Record.)

1st Sibling

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____

2nd Sibling

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____



Occupation _____

Notable Accomplishments _____

3rd Sibling

Name in Full _____
(First) (Middle/Maiden) (Last)

Current/Former Address _____
(If deceased, date and place of death)

Date and Place of Birth _____

Occupation _____

Notable Accomplishments _____

SUBJECT'S CAREER

Places of Residence (Street address where possible; list in chronological order with approximate dates)

Education (Elementary schools, high schools, colleges/degrees)



Business or Professional Life (Outline in rough chronological order the principal events)

Military or Government Service (Armed forces, National Guard , police or law enforcement, or civil offices to which elected or appointed)

Church Membership

Community service, philanthropic or educational work

Membership in Clubs, Societies and Fraternal Organizations

Hobbies and Interests

