The Life Story of...

	Today's Date_			
	First Name _			
	Maiden Name	e (if applicabl	e)	
	I was born on		(date) i	n the town/city of
				(location including hospital if
known)				
I was born at	am/pm on a		(day of week) <u>LINK</u>	
My Birth Weight:		My Birth Le	ngth:	
My Current address:				
My Father Is:				
Complications at Bir	th?:			
Had I been born the o	opposite sex, my	parents were	going to name me	
My nationality is		and my	ethnic background is	
I was born number _	of	childre	1	
I have brown	ther(s) &	sister(s)	step-brothers	step-sisters
My natural hair color	is		My eyes are	in colo
My adult height is	a	nd my weigh	t has ranged between	and
I wear glasses for	READING E	VERYDAY	I'VE NEVER WORN	GLASSES
Convright FamilyHis	etoryProducts co	m I earn mo	are about full 264 page a	utobiography template her

I am F	RIGHT-HANDED	LEFT-HANDED	AMBIDEXTROUS
I was n	amed after someone	YES NO	
I have a	an interesting story/c	ircumstance to tell ab	out my mother getting to the hospital on time:
Additio	onal Notes and Com	aments:	

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