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_________________________________________________________

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

1\textsuperscript{st} 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________________________________________________

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2\textsuperscript{nd} 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 of 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

Building, town, or natural feature named after you or anyone in your family
Remarks or Reminiscences
Why you came to Winslow? Route? Experiences or trips? Conditions of life and town? Neighbors, etc. Use extra sheets if necessary.

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3/15/2013