



Please use this form to record any information concerning births, deaths, marriages, divorce, adoptions, graduations, etc. which have occurred since September 1, 2010. This will allow us to keep an accurate record of our family's growth. Complete and return *immediately* to: **Floyd M. Riley, c/o Toomer Family Reunion, 104 Sweet Bay Avenue, Sicklerville, NJ 08081**

NAME OF INFORMANT

DATE

BIRTHS

Child's Name Sex

Date of Birth Hospital

City County State

Mother Father

Child's Name Sex

Date of Birth Hospital

City County State

Mother Father

ADOPTIONS

Child's Name Sex

Date of Birth Hospital

City County State

Mother Father

MARRIAGE/DIVORCE (CIRCLE ONE)

Husband

Wife

Date of Event Location

City County State

DEATH

Name Cause
Date of Death Location
City County State
Cemetery City/State

DEATH

Name Cause
Date of Death Location
City County State
Cemetery City/State

GRADUATIONS HIGH SCHOOL / COLLEGE (CIRCLE ONE)

Name
Date Major
Name of School
Location Degree
Awards/Scholarships

HIGH SCHOOL / COLLEGE (CIRCLE ONE)

Name
Date Major
Name of School
Location Degree
Awards/Scholarships

HIGH SCHOOL / COLLEGE (CIRCLE ONE)

Name
Date Major
Name of School
Location Degree
Awards/Scholarships

OTHER – FEEL FREE TO SEND ANY OTHER INFORMATION, RELATING TO YOUR FAMILY MEMBERS, WHICH YOU WOULD LIKE TO SHARE WITH EVERYONE.