

PARENTAL DIAGRAM- Fill out all information. If unknown write Unknown.

(GUARDIANSHIP CHILD)

Name: _____
DOB: _____

MUST BE SERVED PERSONALLY

(FATHER) (MOTHER)

NAME: _____ Deceased ADDRESS: _____ _____	NAME: : _____ Deceased ADDRESS: _____ _____
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MUST BE SERVED BY MAIL

(PATERNAL GRANDFATHER)
(FATHER'S FATHER)

(PATERNAL GRANDMOTHER)
(FATHER'S MOTHER)

(MATERNAL GRANDFATHER)
(MOTHER'S FATHER)

(MATERNAL GRANDMOTHER)
(MOTHER'S MOTHER)

NAME: _____ ADDRESS: _____ _____ Deceased	NAME: _____ ADDRESS: _____ _____ Deceased	NAME: _____ ADDRESS: _____ _____ Deceased	NAME: _____ ADDRESS: _____ _____ Deceased
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IF 12 or older MUST BE SERVED BY MAIL
SIBLING (INCLUDING HALF-BROTHERS & HALF-SISTERS)

NAME	AGE	ADDRESS