



First, Last and Maiden Name of Relative	Date of Birth	Name of Spouse	Location of Cancer	Age at Cancer Diagnosis	Cause of Death	Date of Death	Other Medical Conditions
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**YOUR SPOUSE**

		Not Applicable					
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**YOUR MOTHER**

		Not Applicable					
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**YOUR FATHER**

		Not Applicable					
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**YOUR CHILDREN**

1							
2							
3							
4							
5							
6							

**YOUR BROTHERS AND SISTERS**

1							
2							
3							
4							
5							

First, Last and Maiden Name of Relative	Date of Birth	Name of Spouse	Location of Cancer	Age at Cancer Diagnosis	Cause of Death	Date of Death	Other Medical Conditions
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**YOUR MOTHER'S MOTHER**

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**YOUR MOTHER'S FATHER**

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**YOUR FATHER'S MOTHER**

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**YOUR FATHER'S FATHER**

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**YOUR MOTHER'S BROTHERS AND SISTERS**

1							
2							
3							
4							
5							

**YOUR FATHER'S BROTHERS AND SISTERS**

1							
2							
3							
4							
5							

First, Last and Maiden Name of Relative	Date of Birth	Name of Parent	Location of Cancer	Age at Cancer Diagnosis	Cause of Death	Date of Death	Other Medical Conditions
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**YOUR NIECES AND NEPHEWS**

1							
2							
3							
4							
5							
6							
7							
8							

**YOUR GRANDCHILDREN**

1							
2							
3							
4							
5							
6							
7							
8							

First, Last and Maiden Name of Relative	Date of Birth	Name of Parent	Location of Cancer	Age at Cancer Diagnosis	Cause of Death	Date of Death	Other Medical Conditions
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**COUSINS ON YOUR MOTHER'S SIDE**

1							
2							
3							
4							
5							
6							
7							
8							

**COUSINS ON YOUR FATHER'S SIDE**

1							
2							
3							
4							
5							
6							
7							
8							