FAMILY TREE: Birth Parents & Spouse of <NAME>

❑ Check box **if NO** Spouse or Partner

Instructions: Include birth parents only. Do NOT include non-blood-related step-parents. Also, include current or most recent spouse (or partner). IF there are children with anyone other than the current or most recent spouse (or partner), please complete the page provided for recording that information.

NAME	DATE & PLACE OF BIRTH	LIVING OR DECEASED?	THIS PERSON EVER DIAGNOSED WITH COLON OR RECTAL CANCER?	THIS PERSON EVER DIAGNOSED WITH ANY OTHER CANCER?	PERMISSION TO CONTACT, ADDRESS & TELEPHONE NUMBER IF THIS PERSON DECEASED: NAME, ADDRESS & TELEPHONE NUMBER OF BEST PERSON TO CONTACT ABOUT HIM/HER.
Birth Father (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City - place of birth) (State) (COUNTRY)	❑ Living, **Age**: ____ ❑ Deceased (If deceased, answer questions below) Age at death: ____ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	❑ No ❑ Don't know ❑ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	❑ No ❑ Don't know ❑ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ❑ Yes ❑ No (Street Address) (City) (State) (Zip Code) ___ - ____ (___) ___ - ____ (Telephone)
Birth Mother (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City - place of birth) (State) (COUNTRY)	❑ Living, **Age**: ____ ❑ Deceased (If deceased, answer questions below) Age at death: ____ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	❑ No ❑ Don't know ❑ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	❑ No ❑ Don't know ❑ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ❑ Yes ❑ No (Street Address) (City) (State) (Zip Code) ___ - ____ (___) ___ - ____ (Telephone)
Spouse (or Partner) (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City - place of birth) (State) (COUNTRY)	❑ Living, **Age**: ____ ❑ Deceased (If deceased, answer questions below) Age at death: ____ __/__/____ (Month, day & year of death) (City – place of death) (State) (COUNTRY)	❑ No ❑ Don't know ❑ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	❑ No ❑ Don't know ❑ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ❑ Yes ❑ No (Street Address) (City) (State) (Zip Code) ___ - ____ (___) ___ - ____ (Telephone)

FAMILY TREE: Partners With Whom <NAME> Had Children

☐ **Check box if NONE**

Instructions: Do NOT include the spouse (or partner) listed on the first page of this form.

NAME	DATE & PLACE OF BIRTH	LIVING OR DECEASED?	THIS PERSON EVER DIAGNOSED WITH COLON OR RECTAL CANCER?	THIS PERSON EVER DIAGNOSED WITH ANY OTHER CANCER?	PERMISSION TO CONTACT, ADDRESS & TELEPHONE NUMBER IF THIS PERSON DECEASED: NAME, ADDRESS & TELEPHONE NUMBER OF BEST PERSON TO CONTACT ABOUT HIM/HER.
1. (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City - place of birth) (State) (COUNTRY)	☐ Living, **Age**: __ __ ☐ Deceased (If deceased, answer questions below) Age at death: __ __ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) _ _ _ _ _ - _ _ _ _ (___) ___ - ____ (Telephone)
2. (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City - place of birth) (State) (COUNTRY)	☐ Living, **Age**: __ __ ☐ Deceased (If deceased, answer questions below) Age at death: __ __ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) _ _ _ _ _ - _ _ _ _ (___) ___ - ____ (Telephone)
3. (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City - place of birth) (State) (COUNTRY)	☐ Living, **Age**: __ __ ☐ Deceased (If deceased, answer questions below) Age at death: __ __ __/__/____ (Month, day & year of death) (City – place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) _ _ _ _ _ - _ _ _ _ (___) ___ - ____ (Telephone)

FAMILY TREE: Brothers and Sisters of <NAME>

☐ Check box **if NO** Brothers and Sisters

Instructions: Include all living and deceased brothers and sisters (both full and half) related by blood through a parent. Do NOT include non-blood-related or adopted brothers or sisters.

NAME	DATE & PLACE OF BIRTH	LIVING OR DECEASED?	THIS PERSON EVER DIAGNOSED WITH COLON OR RECTAL CANCER?	THIS PERSON EVER DIAGNOSED WITH ANY OTHER CANCER?	PERMISSION TO CONTACT, ADDRESS & TELEPHONE NUMBER IF THIS PERSON DECEASED: NAME, ADDRESS & TELEPHONE NUMBER OF BEST PERSON TO CONTACT ABOUT HIM/HER.
1. ☐ Brother or ☐ Sister (First Name) (Middle Name) (Last Name) (Former Names)	Share Same Father? ☐ Yes ☐ No Share Same Mother? ☐ Yes ☐ No __/__/____ (Month, day & year of birth) (City – place of birth) (State) (COUNTRY)	☐ Living, Age: ____ ☐ Deceased (If deceased, answer questions below) Age at death: ____ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • Age or Year of diagnosis? __ Age or ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • Type or location of cancer? • Age or Year of diagnosis? __ Age or ____ Year	(Contact Name, if this person deceased) May we contact this person? ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) (___) ___ - ____ (Telephone)
2. ☐ Brother or ☐ Sister (First Name) (Middle Name) (Last Name) (Former Names)	Share Same Father? ☐ Yes ☐ No Share Same Mother? ☐ Yes ☐ No __/__/____ (Month, day & year of birth) (City – place of birth) (State) (COUNTRY)	☐ Living, Age: ____ ☐ Deceased (If deceased, answer questions below) Age at death: ____ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • Age or Year of diagnosis? __ Age or ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • Type or location of cancer? • Age or Year of diagnosis? __ Age or ____ Year	(Contact Name, if this person deceased) May we contact this person? ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) (___) ___ - ____ (Telephone)
3. ☐ Brother or ☐ Sister (First Name) (Middle Name) (Last Name) (Former Names)	Share Same Father? ☐ Yes ☐ No Share Same Mother? ☐ Yes ☐ No __/__/____ (Month, day & year of birth) (City – place of birth) (State) (COUNTRY)	☐ Living, Age: ____ ☐ Deceased (If deceased, answer questions below) Age at death: ____ __/__/____ (Month, day & year of death) (City – place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • Age or Year of diagnosis? __ Age or ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • Type or location of cancer? • Age or Year of diagnosis? __ Age or ____ Year	(Contact Name, if this person deceased) May we contact this person? ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) (___) ___ - ____ (Telephone)

FAMILY TREE: Children of <NAME>

☐ Check box if NO children

Instructions: Include all living and deceased sons and daughters related by blood as a parent. Do NOT include non-blood-related or adopted children.

NAME	DATE & PLACE OF BIRTH	LIVING OR DECEASED?	THIS PERSON EVER DIAGNOSED WITH COLON OR RECTAL CANCER?	THIS PERSON EVER DIAGNOSED WITH ANY OTHER CANCER?	PERMISSION TO CONTACT, ADDRESS & TELEPHONE NUMBER IF THIS PERSON DECEASED: NAME, ADDRESS & TELEPHO NUMBER OF BEST PERSON TO CONTACT ABOUT HIM/HEI
1. ☐ Son or ☐ Daughter (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City – place of birth) (State) (COUNTRY) **Who is the other birth parent of this person?** ☐ Current Spouse/Partner ☐ Other: ______ (Write in name)	☐ Living, **Age:** ___ ☐ Deceased (If deceased, answer questions below) Age at death: ___ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ N (Street Address) (City) (State) (Zip Code) (___) ___-____ (Telephone)
2. ☐ Son or ☐ Daughter (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City – place of birth) (State) (COUNTRY) **Who is the other birth parent of this person?** ☐ Current Spouse/Partner ☐ Other: ______ (Write in name)	☐ Living, **Age:** ___ ☐ Deceased (If deceased, answer questions below) Age at death: ___ __/__/____ (Month, day & year of death) (City - place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ N (Street Address) (City) (State) (Zip Code) (___) ___-____ (Telephone)
3. ☐ Son or ☐ Daughter (First Name) (Middle Name) (Last Name) (Former Names)	__/__/____ (Month, day & year of birth) (City – place of birth) (State) (COUNTRY) **Who is the other birth parent of this person?** ☐ Current Spouse/Partner ☐ Other: ______ (Write in name)	☐ Living, **Age:** ___ ☐ Deceased (If deceased, answer questions below) Age at death: ___ __/__/____ (Month, day & year of death) (City – place of death) (State) (COUNTRY)	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?** __ Age **or** ____ Year	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?** __ Age **or** ____ Year	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ N (Street Address) (City) (State) (Zip Code) (___) ___-____ (Telephone)