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 THIS/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: 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: Brothers and Sisters of <NAME> *(...continued)*

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.
4. ☐ **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)
5. ☐ **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)
6. ☐ **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) ___ - ____ (___) ___ - ____

FAMILY TREE: Brothers and Sisters of <NAME> *(...continued)*

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.
7. ☐ **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)
8. ☐ **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)
9. ☐ **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: Brothers and Sisters of <NAME> *(...continued)*

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)
10. ☐ **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)
11. ☐ **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)
12. ☐ **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) __ _____	☐ Living, **Age:** ___ ☐ Deceased (If deceased, answer questions below) Age at death: ___ __/__/__/____ (Month, day & year of death) (City – place of death) __ _____	☐ No ☐ Don't know ☐ Yes (If yes, answer question below) • **Age or Year of diagnosis?**	☐ No ☐ Don't know ☐ Yes (If yes, answer questions below) • **Type or location of cancer?** • **Age or Year of diagnosis?**	(Contact Name, if this person deceased) **May we contact this person?** ☐ Yes ☐ No (Street Address) (City) (State) (Zip Code) (____) ___ - ____