

Life Story of

(Name)

Every life is significant and everyone has a life story.

These pages can assist you in telling your story and what is important to you. The interest, memories and information can be significant to those who care for you.

Introduction:

What name do you like to be called? Do you have any other names or nick names? Who uses them?

List all significant places that might be remembered as “home”, both in childhood and adulthood, approximate years of living there, and any other details.

Important dates (birthdays, family events, anniversaries):

Growing Up:

When and where were you born?

Any siblings? If so, what are their names/nicknames, birth order or year, occupations, favorite stories, and where are they now?

Describe the neighborhood(s) were you grew up (city/suburb/small town/farm):

Important stories about parents, grandparents, or neighbors – what were their names? Describe their relationships, occupations, personalities, etc.

Any chores or favorite family activities growing up?

Hobbies and interests while growing up:

Elementary, high school and post high school education:
(location, favorite subjects/teachers)

Any pets? What were their names? Describe:

Best friends from childhood/school years. Where are they now?

Adulthood:

Close family in adulthood? (What are their names? Describe their relationships, occupations, personalities, etc. Where are they now? Any details about home life?)

Any other close relatives or family friends?

Any pets?

Occupation: (job title/kind of work, company name if any, for how long in each occupation. Did you/your loved one enjoy it? Other important details, professional friends, connections.)

Volunteer activities:

Leisure interests, hobbies:

Favorite places – are there any locales, parks vacation experiences that hold special comfort or meaning?

And sad times, fears, dislikes?

Favorites:

Foods:

Beverages:

Clothes:

Newspapers/magazines:

Books/authors:

Colors:

Activities (list all card, board games, reading, walking, knitting, sewing, baking, puzzles, gardening, bird watching, etc.)

Music: Does/did you like to listen to music, sign, play an instrument or dance? If so, where? What genre? With whom?

Routines:

Any specific morning or evening routines or preferences?

Lifelong interests:

Religious affiliation:

(Do you attend religious services? Where? When?)

Any special holiday or birthday traditions: