HOW TO WRITE YOUR LIFE STORY

Worksheet 6 – ADULT MEMORIES - CHILDREN

<u>Child 1</u>							
Name:							
Date of Birth:							
How did it feel to b	pecome a parent for the first time	2?					
Child 2	Child 3	<u>Child 4</u>					
Name:	Name:	Name:					
Date of Birth:	Date of Birth:	Date of Birth:					
- Any character traits, a	chievements, or interesting stori	es you wish to mention about any or all					

ow did family	life change w	vith each add	itional child?		
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Additional Information	