

Review Form

Kathy, I am interested in joining Clan MacLellan but would like to know if you have any information on the following:

Complete name: _____

Date of Birth: _____ Place of Birth: _____

Spouse: _____

Any other information that might help me make a connection: _____

Complete name: _____

Date of Birth: _____ Place of Birth: _____

Spouse: _____

Any other information that might help me make a connection: _____

Complete name: _____

Date of Birth: _____ Place of Birth: _____

Spouse: _____

Any other information that might help me make a connection: _____

Please include your return address if you do not provide a stamped, self-addressed envelope:

You may e-mail your request to <KMC5280@aol.com> or send it to:

Dr. Kathy McClelland
1094 Amber Lane
Auburn, AL 36830