

Family Member Information

FAMILY MEMBER

Custom Number	Status New Individual <input type="checkbox"/> Update <input type="checkbox"/>	Status Living <input type="checkbox"/> Deceased <input type="checkbox"/>	Is this family member a pioneer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name of Family Member (First, Middle, Last) (Maiden)			
Nicknames		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
____ Life Sketch ____ Patriarchal Blessing (For Deceased Family Members Only)			

SUBMIT THIS FORM TO

Our Families Roots Organization
1024 E. 4525 S.
Ogden, Utah 84403

E-mail: stevej@relia.net

Use a paper clip to attach all items that pertain to this person.
Type or scan as much information into the computer and include the CD with this form.

BIRTH INFORMATION

Date of Birth (Day, Month, Year)	Place of Birth (City, County, State, Country)
Christening (Day, Month, Year)	Place of Christening (City, County, State, Country)
Height and Weight at Birth	
____ Copy of Birth Certificate ____ Copy of Birth Announcement in Newspaper	

DEATH INFORMATION

Date of Death (Day, Month, Year)	Place of Death (City, County, State, Country)
Date of Burial (Day, Month, Year)	Place of Burial (City, County, State, Country)
Cause of Death	Location of Grave (Lot and Plot Number)
____ Copy of Funeral Service Program ____ Copy of Cemetery Record ____ Copy of Death Certificate ____ Grave Photo (Full Headstone, Close-up of Name and Dates) ____ Video and/or Audio Recording of Funeral	

LDS ORDINANCES

Date of Baptism (Day, Month, Year)	Temple Baptism Performed
Place of Baptism if living (Ward, Stake, City, County, State, Country)	
Date of Endowment (Day, Month, Year)	Temple Endowment Performed
Date of Sealing To Parents BIC - Born in Covenant or (Day, Month, Year)	

MARRIAGE

Date of Marriage (Day, Month, Year)	Place of Marriage (City, County, State, Country)
If LDS Marriage What Temple Marriage Performed	
____ Copy of Wedding Invitation ____ Copy of Wedding Announcement in Newspaper ____ Copy of Wedding Photo or Photos ____ Copy of Wedding Certificate	

MISSIONARY SERVICE

Place of Missionary Service	
Departure Date	Arrival Date
____ Missionary Photo ____ Missionary Stories	

MILITARY SERVICE

Branch of Service (Army, Navy, Air Force, Marines, Coast Guard)	
Years Served	Rank Obtained
War(s) Served In	
____ Military Photo ____ Military Stories	

PHOTOS

Include at least 1 photo from each age group where possible. Write details or stories about each photo on another sheet of paper or CD and send with this form.

- ____ Photograph - Birth - 2 Years Old # _____
- ____ Photograph - 3 - 5 Years Old # _____
- ____ Photograph - 13 - 19 Years Old # _____
- ____ Photograph - 20 - 29 Years Old # _____
- ____ Photograph - 30 - 39 Years Old # _____
- ____ Photograph - 40 - 50 Years Old # _____
- ____ Photograph - 60 - 80 Years Old # _____
- ____ Photograph - 90 - above # _____

OTHER INFORMATION

Write down other items or information that you have for this person here.

PARENTS

Fathers Name (First, Middle, Last)	Custom Num-
Mothers Name (First, Middle, Last) (Maiden)	Custom Num-

GRAND PARENTS

Grand Fathers Name (First, Middle, Last)	Custom Num-
Grand Mothers Name (First, Middle, Last) (Maiden)	Custom Num-

SOURCES and NOTES

SUBMITTED BY

Name	
Phone Number	Email

Family Archives (do not use)

Date Entered Into Family Archives
Person Who Entered Information