

F A M I L Y G R O U P S H E E T

Jackson County Genealogy Library

Surname _____

Preparer's Name/Date _____

3405 S. Pacific Hwy., Medford, Oregon
www.rvgslibrary.org PH: 541-512-2340

▪ **Husband's Full Name**

Event	Day	Month	Year	City/Place	County/State/Country
Birth			<input type="checkbox"/>		<input type="checkbox"/>
Marriage			<input type="checkbox"/>		<input type="checkbox"/>
Death			<input type="checkbox"/>		<input type="checkbox"/>
Burial			<input type="checkbox"/>		<input type="checkbox"/>
Father's Full Name				<input type="checkbox"/>	Mother's Full Maiden Name <input type="checkbox"/>
Other Marriage				<input type="checkbox"/>	
Other Information					<input type="checkbox"/>

▪ **Wife's Full Maiden Name**

Event	Day	Month	Year	City/Place	County/State/Country
Birth			<input type="checkbox"/>		<input type="checkbox"/>
Marriage			<input type="checkbox"/>		<input type="checkbox"/>
Death			<input type="checkbox"/>		<input type="checkbox"/>
Burial			<input type="checkbox"/>		<input type="checkbox"/>
Father's Full Name				<input type="checkbox"/>	Mother's Full Maiden Name <input type="checkbox"/>
Other Marriage				<input type="checkbox"/>	
Other Information					<input type="checkbox"/>

Children in Order of Birth

Sex	Order	Child's Full Name	Birth Event	Death Event	Marriage Event
	1	<input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- to <input type="checkbox"/>
	2	<input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- to <input type="checkbox"/>
	3	<input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- to <input type="checkbox"/>
	4	<input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- at <input type="checkbox"/>	on <input type="checkbox"/> ----- to <input type="checkbox"/>

Source Key

Additional Children & Sources/Other Side

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Children Continued in Order of Birth

Sex	Child's Full Name	Birth Event	Death Event	Marriage Event
	5	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	6	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	7	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	8	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	9	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	10	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	11	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>
	12	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- at <input type="checkbox"/>	<input type="checkbox"/> on <input type="checkbox"/> ----- to <input type="checkbox"/>

Source Key

Additional Children & Sources/Other Side

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Items of Interest regarding this family: