

# F A M I L Y   G R O U P   S H E E T

Surname: \_\_\_\_\_

Preparer's Name/Date: \_\_\_\_\_

**Rogue Valley Genealogical Society**  
 3405 S. Pacific Hwy., Medford, Oregon  
 reception@rvgslibrary.org \* www.rvgslibrary.org \* 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
	<b>1</b>	<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"/>
	<b>2</b>	<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"/>
	<b>3</b>	<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"/>
	<b>4</b>	<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
	<b>5</b>	<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"/>
	<b>6</b>	<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"/>
	<b>7</b>	<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"/>
	<b>8</b>	<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"/>
	<b>9</b>	<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"/>
	<b>10</b>	<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"/>
	<b>11</b>	<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"/>
	<b>12</b>	<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"/>
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**Items of Interest regarding this family:**