



**Rogue Valley Genealogical Society &  
Jackson County Genealogy Library**

**Memorial Memories Form**

Please complete the following information on this form:

**Information on Deceased**

Name \_\_\_\_\_

(Title) (First) (Middle) (Last)

Date of Death \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Age \_\_\_\_\_ Residence at the time of death \_\_\_\_\_

Cause of death \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Number of Siblings \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Residence of Spouse \_\_\_\_\_ Yrs. Married \_\_\_\_\_

Children (and Children's Spouses). Use Additional pages if needed.

First and Last Name	City, State	Deceased(Y/N)	Sex(M/F)
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Number of Grandchildren \_\_\_\_\_ Number of Great-Grandchildren \_\_\_\_\_

Military service, if any \_\_\_\_\_

Education/Work \_\_\_\_\_

Personal memories of deceased (e.g., favorite saying, dominant trait) \_\_\_\_\_

\_\_\_\_\_

Memberships/Organizations/Awards/Other \_\_\_\_\_

\_\_\_\_\_

Burial information \_\_\_\_\_

Contact for family (include phone number) \_\_\_\_\_

\_\_\_\_\_

If you would like us to create an Obituary Page as well as a Memorials Page, please fill out that Obituary Form and submit it along with the Memorial Memories Form.

**P.O. Box 1468, Phoenix, OR 97535 (541) 512-2340**  
**[www.rvgslibrary.org](http://www.rvgslibrary.org) Email: [memorials@rvgslibrary.org](mailto:memorials@rvgslibrary.org)**