PIONEER NAME MEMORIALIZATION FORM

National Society of the Sons of Utah Pioneers
3301 E Louise Ave (2920 S), Salt Lake City, Utah 84109
supnatloffice@gmail.com 801-484-4441

Please TYPE all submitted information

1. **(a) Head of Family(Y/N):** ☐ **(b) Spouse (Y/N):** ☐

2. **Classification of Memorialization (Select one) (a-e):** ☐

   (a) Pioneer arriving BEFORE May 10, 1869 or
   (b) Pioneer arriving AFTER May 9, 1869 BUT BEFORE January 4, 1896 or
   (c) Pioneer arriving AFTER January 3, 1896 BUT BEFORE March 29, 1933 or
   (d) Pioneer Arriving when SUP organization was established March 29, 1933 and Later or
   (e) Pioneer died prior to arriving Deseret Territory/Utah Territory/State of Utah

3. **(a) Name of Pioneer/ Person to be memorialized**:

   (b) Male or Female: ☐

   (c) Date of Birth: **(d) Place of Birth:**

   (e) Date of Death: **(f) Place of Death:**

   (g) Year Entered Utah/Deseret Territory/Salt Lake Valley:

   (h) How did pioneer/person arrive to the Territory (wagon train, handcart, train):

   (i) Traveled with which Company (Name):

   (j) Vocation:

   (k) Places lived in Territory:

   (l) Short description and/or specific significant about this pioneer/person:

   (m) Photo of Pioneer/Person included (Y/N): ☐

   (n) Attached a short 1-3 page BIOGRAPHY of the Pioneer/Person (Y/N): ☐

For each name listed below to be memorialized, a separate form must be submitted.

4. **(a) Pioneer/ Person Father's Name:**

(b) Date of Birth: **(c) Place of Birth:**

(d) Date of Death: **(e) Place of Death:**

5. **(a) Pioneer/ Person Mother's Name:**

(b) Date of Birth: **(c) Place of Birth:**

(d) Date of Death: **(e) Place of Death:**

6. **(a) Pioneer/ Person Siblings Names and Birthdates:**

Pioneer/ Person *Marriage(s) and Children*

7. **(a) Spouse # 1 Maiden Name:**

(b) Spouse # 1 Date of Marriage:

(c) Spouse # 1 Place of Marriage:

(d) Date of Birth: **(e) Place of Birth:**

(d) Date of Death: **(e) Place of Death:**

(f) Spouse # 1 Name and Birthdate of children from this marriage:

8. **(a) Spouse # 2 Maiden Name:**

(b) Spouse # 2 Date of Marriage:

(c) Spouse # 2 Place of Marriage:

(d) Date of Birth: **(e) Place of Birth:**

(d) Date of Death: **(e) Place of Death:**

(f) Spouse # 2 Name and Birthdate of children from this marriage:

9. **(a) Spouse # 3 Maiden Name:**

(b) Spouse # 3 Date of Marriage:

(c) Spouse # 3 Place of Marriage:

(d) Date of Birth: **(e) Place of Birth:**

(d) Date of Death: **(e) Place of Death:**

(f) Spouse # 3 Name and Birthdate of children from this marriage:

10. Sources of Submitted Information for this Pioneer and family members:

11. (a) Name of Submitter:

(b) Submitter's Address:

(c) Submitter's Phone :

(d) Submitter's SUP Chapter Name:

Keep all memorialization for this head of family attached to this form.
Use multiple copies of this form if necessary.

COST OF MEMORIALIZATIONS #
Each person……..$5

Amount Paid: $ (Cash, Check or Card):

For Credit Card provide information below:

1. Type of Credit Card (Visa, Master Card and Discover Card):
2. Card Number:
3. Expiration Date:
4. Security number (on back):
5. Card Billing Zip Code: