

HC 61, Box 310
Mogollon, New Mexico 88039
E-mail: archives@mogollonenterprises.com



Thank you for sharing your family history with us!

HISTORICAL INFORMATION

Name of Deceased: _____

Birth Date of Deceased: _____ Date of Death: _____

Historical and/or General Information: _____

(please use other side if needed)

May we contact you if we have further questions?

Name: _____

Address: _____

Phone: _____ Email: _____

ARCHIVES USE ONLY:

Photos/images: _____ # B&W _____ # Color _____ Total Photo/Images

Documents: _____ # Describe: _____

Date Received: _____ Est. Return Date: _____

Archives Initials: _____