

Record Request Form

CONTACT INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

OBITUARY REQUEST

Name of Deceased: _____

Obit. Date: _____ Newspaper: _____

Section: _____ Page: _____ Column: _____

Name of Deceased: _____

Obit. Date: _____ Newspaper: _____

Section: _____ Page: _____ Column: _____

Name of Deceased: _____

Obit. Date: _____ Newspaper: _____

Section: _____ Page: _____ Column: _____

Name of Deceased: _____

Obit. Date: _____ Newspaper: _____

Section: _____ Page: _____ Column: _____

Name of Deceased: _____

Obit. Date: _____ Newspaper: _____

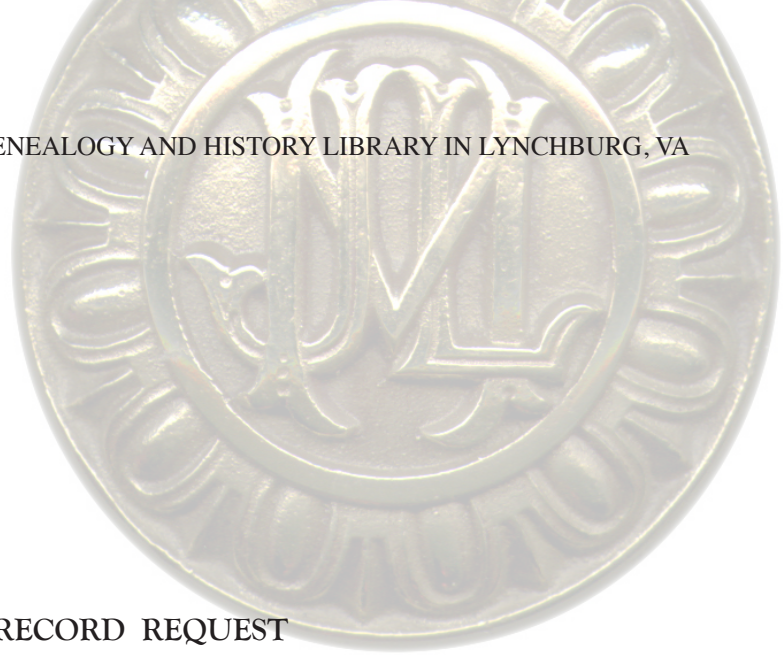
Section: _____ Page: _____ Column: _____

NOTE:

Each document ordered counts as a separate request. Thus an order for an Obituary, First Call Sheet, and Burial Record would cost \$30.

Mail form and a check for \$10 x number of requests to the following address:

Jones Memorial Library
2311 Memorial Avenue
Lynchburg, Virginia, 24501



RECORD REQUEST

Name of Deceased: _____

Date of Death: _____

First Call Sheet Burial Record

Name of Deceased: _____

Date of Death: _____

First Call Sheet Burial Record

Name of Deceased: _____

Date of Death: _____

First Call Sheet Burial Record

Name of Deceased: _____

Date of Death: _____

First Call Sheet Burial Record

Name of Deceased: _____

Date of Death: _____

First Call Sheet Burial Record

Total number of records ordered _____ x \$10 = \$ _____