JONES MEMORIAL LIBRARY  |  GENEALOGY AND HISTORY LIBRARY IN LYNCHBURG, VA

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: ________________

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 $31.29.

Mail form and a check for $10.43 x number of requests to the following address:

Jones Memorial Library
2311 Memorial Avenue
Lynchburg, Virginia, 24501

Total number of records ordered ________ x $10.43 = $ ___________