

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: \_\_\_\_\_

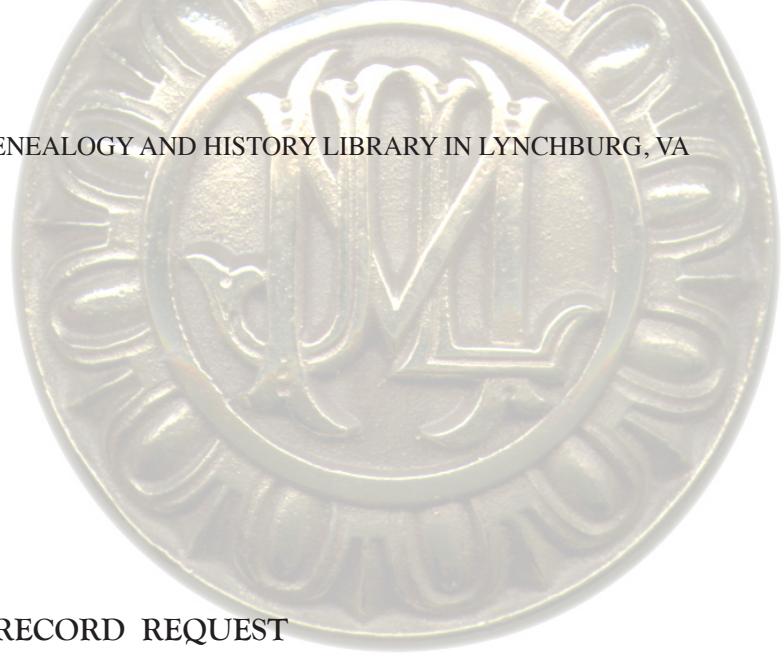
Section: \_\_\_\_\_ Page: \_\_\_\_\_ Column: \_\_\_\_\_

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 = \$ \_\_\_\_\_