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: ___________

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

NOTE:
Each document ordered counts as a separate request. Thus an order for an Obituary, First Call Sheet, and Burial Record would cost $31.59.

Mail form and a check for
$10.53 x number of requests
to the following address:
Jones Memorial Library
2311 Memorial Avenue
Lynchburg, Virginia, 24501

Total number of records ordered ________ x $10.53 = $ ____________