



**ROGUE VALLEY  
GENEALOGICAL SOCIETY  
P.O. Box 1468 Phoenix, Oregon 97535-1468  
(541) 512-2340**

## Birth Request Form

Your Name \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail address \_\_\_\_\_ Phone Number \_\_\_\_\_

Title of the Resource with Birth of Interest: \_\_\_\_\_  
\_\_\_\_\_

Name of Person(s) for Whom Birth Information Is Sought \_\_\_\_\_

Page(s) \_\_\_\_\_

Please include a check made payable to RVGS for \$10.00 along with a self-addressed, stamped envelope.

Use one form for each individual.

**\*For office use only**

Date Received & Logged by

Assigned to

Date Completed

Comments

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