



**ROGUE VALLEY
GENEALOGICAL SOCIETY**
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97535-1468
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512-2340

**Jackson County Birth Record
Request Form**
(979.527/V381/Bir)

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 and a self-addressed, stamped envelope.
Mail to the address on this form.

***For office use only**

Date Received & Logged by Assigned to Date Completed Comments

Date Received & Logged by	Assigned to	Date Completed	Comments