



**ROGUE VALLEY
GENEALOGICAL SOCIETY**

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(541)512-2340**

Death Certificate Request Form

(929.527/D218/Dea)

Your Name _____

Your Mailing Address: _____

City _____ State _____ Zip _____

E-Mail address _____ Phone Number _____

Year of Certificate _____ Page (s) _____

Name of Person Sought _____

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