

ROGUE VALLEY GENEALOGICAL SOCIETY

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Death Certificate Request Form

(979.527/D218/Dea)

Your Name			
Your Mailing Address:			
City	Stat	eZi	p
E-Mail address	Phone 1	Number	
Year of Certificate	Page	(s)	
Name of Person Sought			
Please include a check made penvelope. Mail to the address		10.00 and a self-address	ed, stamped
*For office use only			
Date Received & Logged by	Assigned to	Date Completed	Comments