



**ROGUE VALLEY
GENEALOGICAL SOCIETY**
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(541)512-2340

Divorce Request Form
(979.527/D3951 chi)

Your Name _____

Your Mailing Address: _____

City _____ State _____ ZIP _____

E-Mail address _____ Phone Number _____

Name of Person(s) for Whom Record Is Sought _____

Volume and year range _____ Page(s) _____

Please include a check made payable to RVGS for \$5 for the record along with a self-addressed stamped envelope along with this form. Send an email to us to determine the cost of part or all of the full document along with a self-addressed stamped envelope along with this form.

***For office use only**

Date Received & Logged by Assigned to Date Completed Comments

Date Received & Logged by	Assigned to	Date Completed	Comments