

ROGUE VALLEY GENEALOGICAL SOCIETY

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Obituary Request Form

(979.527 V381)

| Your Name | | | |
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| E-Mail address | I | Phone Number | |
| Name of Person(s) for Wh | om Information Is | Sought | |
| Year (s) | Vol, Part | Page(s) | |
| Please include a check ma envelope. Mail to the addr | | S for \$10.00 and a self-a | addressed, stamped |
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