



# The Library of Virginia

## Information Packages

**Payment is required with request. Completed Cover Sheet must be included.**

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*It is not recommended that Credit Card Information be faxed without calling first.*

**Call: (804) 692 - 3777 Fax: (804) 692-3556**

<p><b>NEWSPAPER OBITUARY</b></p> <p>One name per request.</p> <p><a href="#"><u>INFORMATION</u></a></p>	<p>\$10.00 each</p>	<p>Name of deceased: _____</p> <p>Exact Date of death: _____ Date of Obituary: _____</p> <p>Title of Newspaper: _____</p> <p>Location of residence and/or death: _____</p>
<p><b>NEWSPAPER MARRIAGE NOTICE</b></p> <p>One event per request.</p> <p><a href="#"><u>INFORMATION</u></a></p>	<p>\$10.00 each</p>	<p>Name(s): _____</p> <p>Exact Date of marriage: _____</p> <p>Title of Newspaper: _____</p> <p>Location of marriage: _____</p>
<p><b>NEWSPAPER ARTICLE</b></p> <p>One event per request.</p> <p><a href="#"><u>INFORMATION</u></a></p>	<p>\$10.00 each</p>	<p>Subject of article: _____</p> <p>Exact Date: _____</p> <p>Title of Newspaper: _____</p> <p>Section and page (if known): _____</p>
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<p><b>STOCK QUOTATION</b></p> <p>One per request.</p> <p><a href="#"><u>INFORMATION</u></a></p>	<p>\$10.00 each</p>	<p>Name of Company: _____</p> <p>Exact Date Needed: _____</p>

<b>MAGAZINE/ JOURNAL ARTICLE</b>  One per request.  <a href="#"><u>INFORMATION</u></a>	\$10.00 each	Name of Magazine: _____  Title/ subject of article: _____  Date of article: _____ Pages (if known): _____
<b>VIRGINIA HISTORICAL INDEX (SWEM)</b> <i>Pages from Index</i>  <a href="#"><u>INFORMATION</u></a>	\$10.00 each	One Surname (with alternate spellings) <b>OR</b> One Topic:  _____
<b>ITEMS LISTED IN THE VIRGINIA HISTORICAL INDEX (SWEM)</b>  Up to 5 citations per request.  <a href="#"><u>INFORMATION</u></a>	\$10.00 each	Index heading(s): _____  Volume/title code/page(s) <i>Example: 12W(1)15-17</i>  1. _____ 4. _____ 2. _____ 5. _____ 3. _____
<b>VIRGINIA CONFEDERATE SOLDIER:</b> <i>PAGES FROM PUBLISHED ROSTER AND/OR REGIMENTAL HISTORY</i>  One name per request	\$10.00 each	Complete name: _____  Regiment (if known): _____  Place of residence (if known): _____  <i>This request does <b>Not Include</b> the Compiled Service Record. See: <a href="#"><u>The National Archives</u></a></i>
<b>BOOK PAGES</b> 1 - 10 Pages  Pages known, <i>in one book</i> , per request.  <a href="#"><u>INFORMATION</u></a>	\$10.00 each	Title of Book: _____  Author of Book: _____  Call Number: _____  Page numbers: _____ (total up to 10 pages)
<b>BOOK PAGES</b> (indexed books only) <b>1 – 25 Pages</b>  One name or topic, <i>in one book</i> , per request.  <a href="#"><u>INFORMATION</u></a>	\$20.00 each  <i>Library will not copy an entire work.</i>	Title of Book: _____  Author of Book: _____  Call Number: _____  Name/ topic in index: _____  Section Heading (if known): _____ (Limit 25 pages)

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**Please fill out the form below and submit with all reference information requests.  
One cover sheet can accompany multiple requests.**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please call Reference (804) 692-3777 for more information.

Mail to: The Library of Virginia  
Reference Services  
800 East Broad Street  
Richmond, VA 23219-8000

Or FAX: (804) 692-3556

**Include one cover sheet with all Reference Service requests.**

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