



OCPL GENEALOGY RESEARCH

APPLICATION FORM

Please complete form and mail to:

Diane Rhodes, Genealogist
Ohio County Public Library
52 - 16th Street, Wheeling, WV 26003

Name of Requester: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Date of Request: _____

REQUESTING OBIT - please provide the following information:

Name of deceased: _____

Date of death - Month: _____ Day: _____

Year: 18_____, 19_____, or 20_____.

REQUESTING OTHER INFORMATION - please explain:

City Directory: _____

Newspaper Article: _____

Other: _____

***Note:** There is a \$3.00 fee for the lookup per request and \$.025 fee per page printed, plus shipping costs.

☐ : I acknowledge this fee and am willing to pay. **Please Intial:** _____