MARSHALL COUNTY HISTORICAL MUSEUM ARCHIVES
RESEARCH REQUEST FORM

Genealogical Research ☐ Historical Research ☐ Date_____

The research fee is $10.00 per hour. I have enclosed $_____for_____ hour(s) of research.
☐ I authorize an additional _____hour(s) of research if merited. Please send a bill.

I understand that the cost of photocopies and mailing is in addition to the $10.00 minimum research fee. I agree to pay up to $_____ for copies and postage.

Signed_____ Phone Number_____
Printed Name_____ Email_____
Address_____
_____

_____
(name of ancestor)

Please check (✔) each genealogical record you are seeking.

I believe this may have occurred at the following date and place

	Date	City / County / State / Country
☐ Birth	_____	_____
☐ Marriage	_____	_____
☐ Death	_____	_____
☐ Birth of spouse _____ (name)	_____	_____
☐ Death of spouse	_____	_____
☐ Other (please specify) _____	_____	_____
_____	_____	_____

I believe the father of this ancestor to be:_____|_____|_____|_____
born died marr.

I believe the mother of this ancestor to be:_____|_____|_____
(maiden name if known) born died

For each additional genealogical request, please provide the above information on a separate form. The fee authorization need only be signed once and will apply to your entire request.

☐ Historical information requested:_____
Please attach a separate page containing any information you have and specify exactly what you would like to find. Please limit your requests to Marshall Co. places, events, businesses, etc.

Send this request and a check payable to the **Marshall County Historical Society**
123 N. Michigan St., Plymouth, IN 46563