

Reference Request #: \_\_\_\_\_

## MUSÉE HÉRITAGE MUSEUM ARCHIVES

### Research Request Form

The information collected on this form is used to assist you with your reference request for the archives. We will be happy to take your request Tuesday to Friday 10 am – 5 pm and by appointment. You will receive a response within two weeks.

<b>Researcher's Name:</b>	<b>Address:</b>				
<b>Phone Number:</b>	<b>E-mail:</b>				
<b>Have you ever used the archives before?</b> Yes:                      No:	<b>Walk-in</b>	<b>Phone</b>	<b>E-mail</b>	<b>Mail</b>	<b>Other</b>
<b>Subject of Research:</b>					
<b>Date of Request:</b>					

<b>Staff Use Only</b>	
<b>Sources Referenced:</b>	<b>Notes:</b>
<input type="checkbox"/> Genealogy <input type="checkbox"/> Information Files <input type="checkbox"/> Archives <input type="checkbox"/> Photographs <input type="checkbox"/> Reference Library <input type="checkbox"/> Artifacts <input type="checkbox"/> Professional Knowledge	
<b>Date Replied:</b> _____	<b>Staff Time:</b> _____
<b>Prepared by:</b> _____	<b>Completed:</b> _____

