

**MARSHALL COUNTY HISTORICAL SOCIETY MUSEUM
RESEARCH REQUEST FORM**

Genealogical Research Historical Research Date _____

The research fee is \$15.00 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 \$15.00 minimum research fee. I agree to pay up to \$_____ for copies and postage.

Signed: _____ Phone Number _____

Print name: _____ Email _____

Address: _____

(name of ancestor) _____

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

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

- Birth
- Marriage
- Death
- Birth of spouse _____
(name)
- Death of spouse
- Other (please specify)

Date City / County / State / Country

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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