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INQUIRY FORM Historical/Genealogical Information

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Your Name _____ Date _____

Address _____

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Family name or place or topic to be checked _____

Dates of birth and death or other event:

Birth _____ Death _____ Other _____

Likely time frame of events _____

Information you have already assembled on the subject and from what sources (libraries, historical societies, census records, etc.) to avoid duplication: _____

What information do you hope to find in our records? _____

Additional comments on your inquiry

