|  |  |
| --- | --- |
| **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Atchison LibraryKansas Room |

# Research Request Form

## Information

|  |  |
| --- | --- |
| **Name:** |  |
| **Telephone Number:** |  (Home) (Cell) |
| **Address:** |  |
| **City, State** |  Zip Code |

**E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Type of Information Requested:** |
|  | [ ]  | Birth | [ ]  | Death/Obituary | [ ]  | Marriage | [ ]  | Photographs |
|  | [ ]  | Census | [ ]  | House/Property | [ ]  | Newspaper | [ ]  | Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Possible Dates (if known): From: |  |  | To: |  |

|  |
| --- |
| Additional Notes: |
|  |
|  |
| ***\*\*\*Please advise requester that requests are handled on a first come/first serve basis.\*\*\****  |

|  |  |
| --- | --- |
|  |  |
| Staff/Volunteer Signature | Date |

## Researcher Comments

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  | [ ]  | Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Comments: |
|  |

|  |  |
| --- | --- |
|  |  |
| Researcher Signature | Date Fulfilled |