

Research Form

Patron Information

Name:

Street Address:

City: State: Zip Code:

Phone: Email:

☐ I am a MCHS member

☐ Send me information on how to become a MCHS member

**Requests are generally answered within one week.
If your request is time-sensitive, indicate your deadline.**

Reason for Research (school project, personal interest, etc.)

☐ Plan to Publish

☐ Do Not Plan to Publish

Information Requested

Additional Information

Please provide dates, names, and other information that may be helpful to process your request and identify any resources you've already consulted :

How did you hear about our services?
