

Government Archives

Historical Record Request Form

Instructions: Please complete this form to request access to historical records. Once completed, print this document and submit it to the Archives Administration Office.

1. Requester Contact Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Organization/Agency (if applicable):	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Postal/ZIP Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone Number:	<input type="text"/>	Email Address:	<input type="text"/>

2. Description of Historical Record(s) Requested

Provide as much detail as possible to assist the archivists in locating the records.

Title of Record / Document:	<input type="text"/>		
Catalog / Reference Number (if known):	<input type="text"/>	Approximate Year/Date Range:	<input type="text"/>
Key Person(s) or Subject Involved:	<input type="text"/>		
Geographic Location of Event / Origin:	<input type="text"/>		
Type of Record (e.g., Land Deed, Census, Military, Court):	<input type="text"/>		
Purpose of Research (e.g., Genealogical, Academic, Legal):	<input type="text"/>		

3. Format Delivery Preference

Please specify your preferred method of viewing or receiving the records.

Preferred Format (e.g., Physical Photocopy, Digital Scan, On-Site Viewing):	<input type="text"/>
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4. Signature and Date

By signing below, you agree to abide by the rules and regulations of the Government Archives regarding the use, reproduction, and copyright of historical documents.

Handwritten Signature (Print and Sign):	<input type="text"/>	Date (MM/DD/YYYY):	<input type="text"/>
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Official Use Only (Do Not Write in This Section)

Received By (Officer Name):	<input type="text"/>	Date Received:	<input type="text"/>
Archive Box / Folder Location:	<input type="text"/>	Request Status:	<input type="text"/>