

# The Museum of Cape May County

504 Route 9 North, Cape May Court House, NJ 08210  
Email: cmchgsmuseum@gmail.com Phone: (609) 465-3535

---

## Library Research Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Research Inquiry Details

Please complete as much of the following as possible to facilitate research

Name of the individual being researched: \_\_\_\_\_

Born: \_\_\_\_\_ Where: \_\_\_\_\_

Died: \_\_\_\_\_ Where: \_\_\_\_\_

Married: \_\_\_\_\_ Where: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Sibling's Names: \_\_\_\_\_

Requested Information (birth/death dates, ancestry, military service, etc.)

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_