

The Museum of Cape May County

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Email: cmchgsmuseum@gmail.com Phone: (609) 465-3535

Library Research Form

Note: One inquiry per 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: _____
