

## Research Request Form

Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Research:      **Research/Personal**      **Publication**      **Public Display/Exhibition**

Describe your research topic/theme below (be as detailed as possible). What do you want to know?

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### For Genealogical Research (one Research Request Form per individual, fill in as much as possible)

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

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

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

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

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

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

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

(continued on next page)

# THE MUSEUM

*of Cape May County*

Cape May County Historical & Genealogical Society  
504 Route 9 North  
Cape May Court House, NJ 08210  
609-465-3535 | [www.cmcmuseum.org](http://www.cmcmuseum.org)

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

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**Additional Comments (anything else you think might help)**

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Request Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Request Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Payment Received Date: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_