

Genealogy and Local History Research Request Form
(All requested contact information is required.)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

State your request along with any pertinent details.

List any sources already searched.

Please enclose your check made payable to: Montgomery County-Norristown Public Library.
Please do not send cash.

Mail the completed request form, sase, and signed check to:

Montgomery County-Norristown Public Library
Reference Department
1001 Powell Street
Norristown, PA 19401-3817