



LONG DISTANCE RESEARCH REQUEST FORM

YOUR CONTACT INFORMATION

Name:

Address:

City:

State:

Zip:

Email:

Phone:

OBITUARIES REQUESTED

(Date of Death must include at least a month and year)

Name of Deceased:

Date of Death:

Name of Deceased:

Date of Death:

Name of Deceased:

Date of Death:

NON-OBITUARY REQUEST

Describe what information you are requesting a search for. Be as specific as possible.

Print this completed form and send with payment to: Schenectady County Public Library,
Attn: Reference Department, 99 Clinton Street, Schenectady, NY 12309
You may also email this form to: scplresearch@mvl.info