



## 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@gmail.com](mailto:scplresearch@gmail.com)