



For Staff Use Only	
Information Requested by:	
Visit: _____	Telephone: _____
E-Mail: _____	Mail: _____
FHL Request _____	Amt Paid _____
SCHS Member: Yes No	
Date Request Received _____	
Date Report Sent Out _____	
Indexed SUB _____	Indexed RES _____
Blue Book _____	Staff Member _____
_____ hrs Staff Time @ \$15.00 e	_____
_____ 8 x 11 copies @ .50e	_____
_____ 8 x 14 copies @ .75e	_____
_____ 11 x 17 copies @ 1.00e	_____
_____ SCHS amount paid	_____

RESEARCH REGISTRATION

Name: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip _____

E-Mail _____

- Genealogist
- UMM Student/Faculty
- High School Student
- Elementary Student
- Other _____

Topic(s): _____

Surname(s): _____

What can we help you locate? _____

LDS Microforms to order (\$6.50 per roll/.25 per fiche)

Description	LDS No.	Description	LDS No.

How did you find us?: _____ Budget? _____

I have read and agree to abide by the Research Center Rules and promise to pay the research and duplication rates fees as posted in the facility and as outlined in the research policy brochure I was given.

_____ Date: _____

_____ Signature _____

