Merrick Public Library

History & Genealogy Research Request Form

Please fill out this form with as much information as possible. A library staff member will get back to you within 10 business days.

Contact Information

Name:		Date	:
Email:		Phone:	
Requesting Info	rmation		
Please Circle One	e: Person/Family Event (Other (please explain:)
Name(s):			
Location(s):			
-	please indicate Birth, Marria		
Please share any	more information you have t	hat might be helpful to us (li	fe events, military service, etc.):
Staff Only:	Research	Reply	