

Genealogy Records/Document Request

Staff Use Only

No Charge

Info on One Drive

Emailed for Payment

Payment Received

Information Sent

Staff Initials

See Notes on Back

Please submit written requests to:

Columbus Public Library

Genealogy Department

3000 Macon Road

Columbus, GA 31906

OR

Email:

CVL-Genealogy@cvlga.org

Please complete this form to request a document:

Your Name: _____

Address: _____

(City) (State) (Zip)

Telephone Number: _____ Email: _____

I understand there will be a fee that includes up to one hour of research per document request, and up to five pages of photocopying. Library staff will notify me about results and associated fees.

Signature: _____ Date: _____

Please print and include as much detail as possible.

Name of person you are researching: _____

Type of document (one per request): _____

(obituary, news article, court record, etc.)

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Name of Spouse: _____

Date of Death: _____ Place of Death: _____

Father's Name: _____ Mother's (Maiden) Name: _____

Please provide additional information or supporting documents you feel would be helpful:

