



Researcher Registration Form

All Local History Room Researchers must provide a valid OCLN library card or photo ID, and complete and sign this registration form.

Please print clearly.

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Local Address (if from out of town) _____

Telephone Number _____

Research Information

• Research Topic: _____

• Materials you are interested in:

Vital Statistics Yearbooks Street Lists Town Reports Family Histories
 Microfilm MA General Laws Other (please specify) _____

• Reason for Research:

Genealogy Legal Genealogy Databases Other (please specify) _____

By signing this form you agree to comply with the regulations for Local History Room and Collection Use.

Signature _____ Date _____

OCLN Library Card _____

If researcher does not have OCLN library card: Type of ID _____ Number _____

Date: _____ Time In: _____ Time Out: _____