

\* indicates a required field. County required only for Montana residents.

\* Date:

\* First Name:

\* Last Name:

\* Address:

\* City:

\* State:

\* Zip:

\* Country:

\* County:

\* Daytime Phone:

Email:

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Please be as concise and specific as possible. Requests that do not indicate what specific information you seek cannot be answered and will be returned.

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Fees must be prepaid and are non-refundable. You will receive a research summary whether or not the search was successful.

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- includes first hour of research and up to 10 copies
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Keep a copy of your completed form for your records!

Questions? Contact us at 406-444-2681 or [mhslibrary@mt.gov](mailto:mhslibrary@mt.gov)