



Benzie Area Historical Museum

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*Request for Research*

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Date: \_\_\_\_\_

Your name:	
Address:	
City/State/Zip:	
Email:	
Telephone:	

Ancestor's name:	
Date and place of birth:	
Date and place of death:	
Residence (town, township):	
Names of other family members (e.g. spouse, children, siblings, etc.)	

Precise description of information desired:

(Please attach sheet or write on back if necessary)