



Whitfield-Murray Historical Society

Research Request Form

Non-Members fee for research minimum fee of \$25 per request

Date _____

Person Requesting Information _____

Phone Number _____ Email Address _____

Address _____ City, State, Zip code _____

Please Fill in any information that you have on the person you are requesting information on

Request for person's name _____

Maiden Name _____ Nick Name _____

Spouse's Name _____ Nick Name _____

Parents Names (Father) _____ (Mother) _____

Birthdate _____ Place of Birth _____

City, County Born in _____ City, County Deceased In _____

What information are you requesting?

Please mail a check or call with your credit/debit card account number

Whitfield-Murray Historical Society

PO Box 6180

Dalton GA 30722-6180

Phone 706-278-0217

Hours Mon-Fri 10 am to 4 pm

Email address director@whitfieldmurray.org