Claverack Free Library Researcher Registration Form

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

Contact Information:
Name ____________________________________________________________
Address __________________________________________________________
City ___________________________ State _______ Zip __________
Telephone Number _______________________________________________

Research Information:
Research Topic: ____________________________________________________

Materials you are interested in:
___Vital Statistics   ___Artifacts   ___Founding Claverack Families   ___Maps
___ Other (please specify) ____________________________________________

Reason for Research:
___Genealogy   ___Legal   ___ Other (please specify) ______________________

By signing this form I agree to comply with the Claverack Library Local History Policy.

Signature __________________________ Date ____________________________

MHLS Library Card ____________________________

If researcher does not have a MHLS library card: Type of

Photo ID ____________________________ Number __________________________