

ARCHIVE REQUEST

Date:_____

WHO IS REQUESTING INFORMATION?

<u>Family Request</u> : A relative of a former resident may request archive information relating to their family member by sending a written request to St. Vincent's stating the following.

NAME (include aliases or surnames) of family member:_____

DOB:_____ SOCIAL SECURITY NUMBER:_____

DATES in which family member was a resident:

REASON FOR REQUESTING INFORMATION:

ANY ADDITIONAL INFORMATION you can give regarding parents, siblings, relatives that will be helpful in researching your request:______

Sponsored and Operated by the Daughters of Charity of St. Vincent de Paul

COPY of your relative's government issued photo ID (Driver's License, Passport) that establishes their identity.

COPIES of documentation such as birth certificates, baptismal records, census records, health certificates, etc. that establish linkage between you and the relative for whom you are requesting information are needed.

WHERE SHALL INFORMATION BE SENT TO?

NAME:			
ADDRESS:			
-			
-	City	State	Zip Code
PHONE NUMBER:			