

STATE OF MONTANA
Sanders County
Clerk & Recorder Office
PO Box 519
1111 Main Street
Thompson Falls, MT 59873
Phone 406-827-6922 Fax 406-827-6970

REQUEST FOR GENEALOGY INFORMATION

I hereby request the Clerk & Recorder of Sanders County, Montana issue to me copy(s) of _____ birth records and/or _____ death records for the following person(s):

Name: _____

Date of Birth/Death (actual or approximate): _____

Names (multiple), include date/place

- | | | |
|-----------|-------|-------|
| 1. _____ | _____ | _____ |
| Name | Date | Place |
| 2. _____ | _____ | _____ |
| Name | Date | Place |
| 3. _____ | _____ | _____ |
| Name | Date | Place |
| 4. _____ | _____ | _____ |
| Name | Date | Place |
| 5. _____ | _____ | _____ |
| Name | Date | Place |
| 6. _____ | _____ | _____ |
| Name | Date | Place |
| 7. _____ | _____ | _____ |
| Name | Date | Place |
| 8. _____ | _____ | _____ |
| Name | Date | Place |
| 9. _____ | _____ | _____ |
| Name | Date | Place |
| 10. _____ | _____ | _____ |
| Name | Date | Place |

To be completed by genealogy researcher:

Name: _____ Relationship: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please include a check/money order for \$ _____ for the enclosed copy(s), along with a self-addressed stamped envelope, to the above address. Identification of requestor is required; please include a copy of the front and back of your Driver's License or State issued ID card.