

**Mineral Point Library Archives  
Researcher Registration**

**Please Print**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you would like to receive followup information after your visit, please give us an email address:

Email: \_\_\_\_\_

Research you are doing today: \_\_\_\_\_

**I have read the information sheet on the use of the Mineral Point Library Archives and I agree to the conditions described.**

Signed: \_\_\_\_\_

\* \* \* \* \*

**For Archival Staff**

Collections used: \_\_\_\_\_

Family History \_\_\_\_ House/Building History \_\_\_\_ Local History \_\_\_\_ Scholarship \_\_\_\_

Publication: \_\_\_\_\_

Photographs: \_\_\_\_\_

Copies: \_\_\_\_\_

Notes: \_\_\_\_\_

Staff Initials: \_\_\_\_\_