

## RESEARCH FORM



Cheshire Military Museum Archives  
 The Castle  
 Chester CH1 2DN  
 Tel: 01244 327617

MGC Registered museum no. 140  
 Charity no. 272108



Name:	Address:
Contact tel. Number (daytime):	

**If you wish to visit the archives in person please book a time (2 weeks ahead).** Please bring any medals, artefacts or paperwork with you. Please also complete the details below on the subject of the research.

Saturday (Date) ..... Time: .....

Are you to be accompanied? YES/NO If yes, please state total number in party .....

Research to be done by museum researchers

£15 cheque/sterling money order\* is enclosed

(Please make cheques payable to **Cheshire Military Museum**)

(A further donation may be necessary if extensive research is required).

Reason for Research: Family Research / Publishing Book / Medal Collector / Educational Purposes  
 Other (please specify)

SUBJECT FOR RESEARCH .....  
 Please include (where known) the dates and place of service of an individual.

Battalion:	Service no.:	Rank:

**OTHER DETAILS** (Continue overleaf if necessary)

Signature .....

**OFFICE USE ONLY**

**REF NO: C17/**

**DATE RECEIVED**