



Rock Island Public Library

401 19th St
Rock Island IL 61201
309-732-7341

Research Request Form

Name to be researched:

Materials to be researched:

Date of death (if obituary): _____

Approximate date of search (if other than obituary):

Other important details: _____

Fees:

Obituary with correct spelling and precise date (includes 1 printed copy):	\$5.00
Obituary with incorrect information or no precise date:	\$15.00/hour
Print copies:	\$0.25/page
Historical Research request:	\$15.00/hour
Print copies:	\$0.25/page

I agree to be responsible for the payment of the library's fees for research and authorize the staff of the Rock Island Public Library to initiate that research.

I authorize _____ additional hour(s) of research, if required.

Please advise me in advance of any additional charges.

Signature _____

Printed name _____

Phone number _____

Email _____

Mailing Address _____