

# Pennsylvania State Archives Research Registration Form

You need to complete this form only for your first visit. You may complete it in advance and bring it with you—simply complete the form on the screen and print it out, or print it out as a blank form and complete it by hand (please print!). **Required fields** are marked with \*. Thank you!

\*Last: \_\_\_\_\_ \*First: \_\_\_\_\_ MI: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ PA County \_\_\_\_\_

\*City: \_\_\_\_\_ \*St: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\*E-Mail: \_\_\_\_\_ \*Driver's License or ID #: \_\_\_\_\_

Age Group: \_\_\_ <20 (A) \_\_\_ 20-29 (B) \_\_\_ 30-39 (C) \_\_\_ 40-49 (D) \_\_\_ 50-59 (E) \_\_\_ 60+ (F)

\* May we share your contact information with the PA Heritage Foundation, the non-profit that supports our work? \_\_\_ Yes \_\_\_ No

## How would you describe your profession or occupation?

\_\_\_ Historian (A) \_\_\_ Educator (B) \_\_\_ Lawyer (D) \_\_\_ Professional Genealogist (H)  
\_\_\_ Writer (N) \_\_\_ Surveyor (O) \_\_\_ Government (F) \_\_\_ Historic Preservationist (G)  
\_\_\_ Librarian (L) \_\_\_ Family Historian (P) \_\_\_ Retired (I) \_\_\_ Other: \_\_\_\_\_ (J)

Student (C): \_\_\_ High School \_\_\_ Undergrad \_\_\_ Grad \_\_\_ PhD School: \_\_\_\_\_

Institutional/Organizational Affiliation: \_\_\_\_\_

## How would you describe your research interest?

\_\_\_ Genealogy (A) \_\_\_ History (B) \_\_\_ Legal (C) \_\_\_ Personal (H)  
\_\_\_ PHMC (D) \_\_\_ State (E) \_\_\_ Federal (G) \_\_\_ County/Municipal (F)  
\_\_\_ Hobby (I) \_\_\_ Education (J) \_\_\_ Business (K) \_\_\_ Media/Journalist  
\_\_\_ Other (L): \_\_\_\_\_

We can provide better service if we know something about your research topic:

Description of topic: \_\_\_\_\_

County/Geographic area of interest: \_\_\_\_\_

Surname(s) of interest: \_\_\_\_\_

## How did you learn about the Pennsylvania State Archives?

\_\_\_ Archives publication (A) \_\_\_ Other publication (B) \_\_\_ Citation/footnote (C)  
\_\_\_ Other Archives visitors (E) \_\_\_ PHMC speaker/program (F) \_\_\_ Mail/phone contact with Archives (D)  
\_\_\_ State Library (I) \_\_\_ Media publicity (G) \_\_\_ Local historical/genealogical society (J)  
\_\_\_ Website (K): \_\_\_\_\_ \_\_\_ Blog: \_\_\_\_\_ Other: \_\_\_\_\_

I have read the *Research Room Rules* and the *Archives User Agreement*, and I agree to abide by them. I understand that violation of these Rules can result in the revocation of my research privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_