



The West Parry Sound District Museum  
17 George Street P.O. Box 337  
Parry Sound, ON P2A 2X4 Canada  
Phone: (705)746-5365

# Research Request Form

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## Contact Information

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\_\_\_\_\_  
Name (First & Last)

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
E-mail

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## Research Fees & Important Information

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The Museum is open to public requests for access to the collection and resources. The collection of the Museum on Tower Hill is held in public trust and therefore all reasonable means to provide public access to the collection, for the purpose of research, shall be encouraged taking into account conservation risks and fair equitable allocation of available resources.

Due to staff availability and the influx of research requests, there is a **two-week** waiting period for requests to be initiated. After the complimentary period, research will continue at a rate of \$20 per hour.

Select one of the following options:

I want the Museum to contact me after the 30 minutes of complimentary research so I can decide if I want the research to continue.

I want the Museum to complete the following amount of research hours before contacting me: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

(If submitted in person)



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## Research Request

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Please be as detailed as possible with your request.

### Subject & Time Period

Click here to enter text.

### What other sources have you consulted?

Click here to enter text.

### Inquiry & Purpose

Click here to enter text.

### Additional Information

Click here to enter text.



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## Researching Individuals

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

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

Names of Parents: \_\_\_\_\_

D.O.B: \_\_\_\_\_ D.O.D: \_\_\_\_\_  
(Please write month) (Please write month)

Place of Birth: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Place of Burial: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_  
(Please write month)

Place of Marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_

Names of Children: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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