



EISNER MEMORIAL LIBRARY

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# NEW JERSEY HISTORY ROOM REGISTRATION FORM

Instructions: Complete items 1 through 10 and sign the declaration.

1. NAME Last First M.I.

2. HOME TELEPHONE NUMBER 3. BUSINESS TELEPHONE NUMBER

4. AFFILIATION 5. E-MAIL ADDRESS

6. STREET ADDRESS

7. CITY STATE ZIP COUNTRY

8. Purpose of Research (Check the one that best applies.)

- A. Genealogy/Family History B. Student paper/thesis C. New Jersey History D. Local History E. Red Bank Library History/Archives F. Historic preservation G. Book or Pamphlet H. Newspaper article/Newspaper clipping file I. Reproduction of historic photograph/atlas J. Instructional Use K. Other

9. Research Topic or Information Sought:

10. Have you ever used materials in the NJ History Room before? Yes No

DECLARATION:

I have received a copy of the Rules of the New Jersey History Room and agree to abide by them.

Date Signature

Information given on this form is for statistical and security purposes only. It is not divulged to outside parties.