



Genealogical and Local History Collection Usage Registration Form
(This form will remain on file.)

Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Type and # of Photo ID:

(staff: photocopy ID and attach to form)

Purpose and Subject of Research:

I have read and understand the Havana Public Library District's Genealogical and Local History Collection Policy and agree to use materials in accordance with its guidelines.

Signature: _____