

Mail to: **Dawson County Clerk & Recorder**
207 W. Bell St.
Glendive, MT 59330

Include \$1.00 for each copy of certificate requested along with a stamped self-addressed envelope.

REQUEST FOR GENEALOGY INFORMATION

Note: These records must be dated over 30 years ago to qualify as genealogy.

I, hereby request the Clerk & Recorder of Dawson County Montana to issue me (number) _____
copy (s) of birth records and or (number) _____ death records for the following person(s).

| | | | | |
|----|-------|-------------|-------|-------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Birth/Death | Date | Place |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Birth/Death | Date | Place |
| 3. | _____ | _____ | _____ | _____ |
| | Name | Birth/Death | Date | Place |
| 4. | _____ | _____ | _____ | _____ |
| | Name | Birth/Death | Date | Place |
| 5. | _____ | _____ | _____ | _____ |
| | Name | Birth/Death | Date | Place |
| 6. | _____ | _____ | _____ | _____ |
| | Name | Birth/Death | Date | Place |

TO BE COMPLETED BY GENEALOGY RESEARCHER

Name: _____

Relationship: _____

Mailing Address: _____
