



MOORE LIBRARY

Request for copies of personal documents held in the Samuel Marsden Archives

Name:.....

Address:

.....

Daytime phone:..... Mobile:.....

Email:.....

Material being requested

.....

Signature

Date

Signature of Library Manager

A signed copy of this form will be returned to you for your records.

Office use only:

Client visited in person: Y / N

Date:

Client requested copies to be mailed: Y / N

Date: