

Columbia State Historic Park  
Docent Research Committee

**Archive Research Request Form**

A. Requestor \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

B. Information Requested: Give as many details as possible. (i.e. full name)  
Use the back of this form if more room is needed for additional information.

C. Have you received information from another source? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give source:

D. Would you be willing to share your information/photos with Columbia State Historic Park?  
Yes \_\_\_\_\_ No \_\_\_\_\_

E. We have availed ourselves of the following resources:

CSHP Archives	Maps
CSHP Library	Chispas
Newspapers	Personal Interview Oral Histories
Family Files	Census, Marriage, Death Records
Eastman Volumes	Internet

F. A donation of \$10 would enable our volunteers to continue with this worthwhile program. Any additional sum would be much appreciated. Please make the donation payable to Friends of Columbia State Historic Park and mail with this form to the following address:

Columbia State Historic Park  
Attn: Archive Research  
11255 Jackson St.  
Columbia, CA 95310

After we receive this completed form, research will be done as time permits. Please allow six to eight weeks for a response. Thank you for your request.

Please contact the park office at (209) 588-9128 to make an appointment or to follow up.

Audie Buckler  
*Research Coordinator*