



Researcher Application

(Please print)

Name: _____ ID Checked: _____ Remote Request: _____

Mailing Address: _____

City and State: _____ Zip/Post Code: _____ Country (if not USA) _____

Telephone: _____ Occupation: _____

Email: _____ Add to Archives monthly email list? _____

Institutional Affiliation (if any): _____

Research Topic: _____

_____ Total Hours Researched: _____

How did you hear about us? _____

Type of Use/Purpose of Research:

____ Academic ____ Professional _____ Family History/Genealogy _____ Personal Interest
____ Commercial Interest ____ Other (_____)

Please Sign and Date:

I request access to Moravian Archives records and books pertaining to the above given topic. I have read and agree to abide by the policies of the Archives. The Archives maintains usage rights of all images of its materials, whether produced for customers or made on-site by customers themselves. Reproductions or images of our holdings made by you or us at our facility are made for private study and reference only. Permission of Moravian Archives, Winston-Salem, and any other copyright holders is required for uses exceeding this "fair use." Researchers acknowledge that they are solely responsible for determining the copyright status of the materials they use.

Signed _____ Date _____

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