

Madison County Library System Genealogy Inquiry Form

(Limited to MCLS Holdings)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

H. Phone: _____ O.: _____ C. Phone: _____

Email: _____

MCLS Staff Assisting: _____

Information Desired: _____

(Continued on another page: yes / no)

Action Taken: _____

(Continued on another page: yes / no)

Results: _____

(Continued on another page: yes / no)

Comments: _____

(Continued on another page: yes / no)

Submit to: Flora Library
144 Clark St.
Flora, MS 39071
Telephone: (601)-879-8835
Fax: (601)-879-3934
Email: dexport@mcls.ms

Time required: _____