

Stones River National Battlefield Researcher Registration Form

Name: _____ Date: _____

Picture I. D. card type, State Control Number: _____

Institutional Affiliation: _____

Work Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Contacted Park through: Visit _____ Letter _____

Phone call _____ Fax _____ E-mail _____ FOIA _____

Research Project Summary:

Publication Plans:

Collections used:

