

STATE OF MARYLAND
MARYLAND STATE ARCHIVES
350 ROWE BLVD
ANNAPOLIS, MD 21401

Other – Search and Copy Record

Please use this form to place copy orders for the following records:

- | | |
|--|--|
| <input type="checkbox"/> Probate Records (Wills, inventories, distributions) | <input type="checkbox"/> Property Tax Assessments |
| <input type="checkbox"/> Naturalization (Declarations of Intent, etc.) | <input type="checkbox"/> National Guard Service Records |
| <input type="checkbox"/> Chancery Court Records | <input type="checkbox"/> Early Military Records (Muster Rolls, etc.) |
| <input type="checkbox"/> Certificates of Survey/Land Patents | <input type="checkbox"/> Census Returns |
| <input type="checkbox"/> Deeds/Land Records | <input type="checkbox"/> Other (Please describe below) |

IMPORTANT: The MSA *Guide to Government Records* (<http://guide.msa.maryland.gov>) can provide the citation information.

Fees

All government-created documents will be certified. The non-refundable and non-transferrable fee is \$35.00 per copy set.

Please Note: The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

Payment

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information and billing information. If paying by personal or corporate check or money order, just complete the shipping information.

* Required

PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE RECORD

Number of Copies Requested *: _____

Type of Record *: _____

Person/Name(s): _____

Date *: _____

County *: _____

Specific Instructions (Citation to the record, pages to be copied, etc.): _____

Additional Information: _____

SHIPPING INFORMATION

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Telephone # *: _____ Email *: _____

BILLING INFORMATION (if paying by card)

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(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Credit Card # *: _____ Credit Card (circle one) *: Visa MasterCard

Expiration Date *: _____ CVV (3 Numbers on Back) *: _____
(MM/YY)