



GOVERNMENT OF THE VIRGIN ISLANDS
NATIONAL ARCHIVES & RECORDS MANAGEMENT SERVICE
REFERENCE/RESEARCH QUERY FORM

*Full Name: _____

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** Your signature: _____ *Date: _____

*Your question (Please be specific): _____

Source already checked: _____

Level of Interest (Please tick one): ☐ Private ☐ Work Organisation

Timeliness (When needed by?) ____/____/____ (dd/mm/yyyy)

*Please note: This Unit cannot at this time undertake research for individuals except very quick reference type answers to queries. We can provide referrals and a list of local researchers upon request. *Please use additional space on the back of this form if needed.*

DOCUMENTS REQUEST

	AUTHOR	TITLE	VOL/NO	PUBLISHER/YEAR
1)
2)
3)
4)
5)

Please (✓) indicate format

Source of Material

- | | | | | |
|-------------------------------|----------------|------------------|---------------|-----------------------|
| i) Book | ii) Article | iii) Periodical | iv) Newspaper | v) Colonial documents |
| vi) Reports | vii) Microfilm | viii) Microfiche | ix) Pictures | x) CD's |
| xi) Archives-manuscripts, etc | | xii) other | | |

Delivery Format preferred _Email _CD _DVD _Other

**Please use additional space on the back of this form if needed.*

(For Official Use)

Subject: _____

Sources searched: 1) _____ 2) _____
3) _____ 4) _____

Format: ☐ Pictures ☐ Documents ☐ Audio Recordings ☐ Video ☐ Film ☐ Artefacts
☐ Microfilm ☐ Other

Referral: _____

Request filled: _____

Name of Officer: _____

Officer's Signature: _____

Telephone: (284) 468- 3044/468-3701 ext 3044 facsimile: (284) 468 2585 Website: nationalarchives@gov.vg/email: nationalarchives_info@gov.vg

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