

Microfilm Request Sheet

This form should be 1) filled out, 2) saved, 3) then printed and 4) mailed to the address below or sent as an e-mail attachment to: kansascity.archives@nara.gov.

National Archives at Kansas City
400 West Pershing Road
Kansas City, MO 64108

Date:

Name of Customer:

Customer Phone Number:

Customer E-mail Address:

Microfilm Requested:

Publication:

Roll(s) Requested:

Example: M1348

Example: 1, 31, 298

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Staff Use Only

Date Pulled:	<input type="text"/>	Staff:	<input type="text"/>
Date Put in RR:	<input type="text"/>	Staff:	<input type="text"/>
Date Researcher Called:	<input type="text"/>	Staff:	<input type="text"/>
Date Researcher Viewed:	<input type="text"/>	Staff:	<input type="text"/>
Date Researcher Finished:	<input type="text"/>	Staff:	<input type="text"/>
Date Refiled:	<input type="text"/>	Staff:	<input type="text"/>