



Town of Hingham
Office of the Town Clerk
210 Central Street
Hingham, MA 02043
(781) 741-1410

Historical/Genealogical Research Request Form

Date _____ Name of Assisting Staff Member _____

Researcher Name _____

Address _____

Telephone _____ Email _____

Affiliation (if any) _____

Subject of Research

Sources

Access Policy

I have read, understood, and agreed to the Access Policy:

Researcher Signature: _____

Photograph ID

Photograph ID Checked Staff Member Signature _____