



**American-French  
Genealogical Society**  
Woonsocket, Rhode Island USA

**A.F.G.S. - Film Room Request Form**

Please Email Completed Form To: [filmroomrequest@afgs.org](mailto:filmroomrequest@afgs.org)

Please E-mail questions to [filmroomrequest@afgs.org](mailto:filmroomrequest@afgs.org)  
Or contact us by Phone at (401)-765-6141; or Mail us at  
AFGS, P.O. Box 830, Woonsocket, RI 02895-0870

**SUBMIT ONE REQUEST PER FORM**

\* - marks required information

Updated 6 Jun 2020

DO NOT send payment with this request. You will be notified of related fees when AFGS finds the data you request.

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**Submitter Information:** Your Full Name \*: \_\_\_\_\_

Membership \* Please enter AFGS Membership Number \_\_\_\_\_ Check Here (\_\_\_\_\_) if not a Member.

Mailing Address \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \* \_\_\_\_\_

Phone \* (include area code) \_\_\_\_\_ Your Email \* \_\_\_\_\_

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**Vital Record Request:** Please check one: Birth/Baptism \_\_\_\_\_, Marriage \_\_\_\_\_, Death/Burial \_\_\_\_\_.

Full name of Person \* \_\_\_\_\_ Spouse name (if marriage \*) \_\_\_\_\_

Month of event \* \_\_\_\_\_ Year of event \* \_\_\_\_\_

Place of event \* (City or Town) \_\_\_\_\_ State or Canada \* \_\_\_\_\_

Father \* \_\_\_\_\_ Mother \* \_\_\_\_\_

Request expanded review? (check one \*) Yes \_\_\_\_\_ No \_\_\_\_\_

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**Copy Request:** Please check one \*: Headstone Photo \_\_\_\_\_(Cemetery # \_\_\_\_\_ Person # \_\_\_\_\_), Obituary \_\_\_\_\_.

Full name of requested person \* \_\_\_\_\_

Death Month \* \_\_\_\_\_ Death Year \* \_\_\_\_\_

Place of Death/Burial: City or Town \_\_\_\_\_ State or Canada \_\_\_\_\_

Father \* \_\_\_\_\_ Mother \* \_\_\_\_\_

Request expanded review? (check one \*) Yes \_\_\_\_\_ No \_\_\_\_\_

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**Translation Request:** (check one \*) Vital Record(above)\_\_\_\_\_, Copy(above)\_\_\_\_\_, Attached Document\_\_\_\_ (attach copy to email).

Data Type: (check one \*) Birth/Marriage/Death\_\_\_\_\_, Contract\_\_\_\_\_, Letter\_\_\_\_\_, Land Record\_\_\_\_\_, Other\_\_\_\_\_.

Name of Person in document \* \_\_\_\_\_

Name of Place \* Church\_\_\_\_\_, Parish\_\_\_\_\_, Town\_\_\_\_\_

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**Comments and Questions:** \_\_\_\_\_

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