

Alabama Department of Archives and History
MICROFILM DUPLICATION ORDER FORM
Alabama Libraries/Archives/Probate offices

Name of Institution : _____
 Contact name: _____
 Street Address (**required for delivery**): _____
 City: _____
 State: _____
 Zip Code: _____
 Email address: _____
 Phone Number (**required to complete order**): _____

COPYING CHARGES

Cost per roll	Number of rolls ordered	Amount Due for Microfilm Order
\$25.00		\$

If paying by credit card, check one: Visa MasterCard American Express

Credit Card Number: _____ **Expiration Date:** _____

If order is over \$500, please attach purchase order made out to ADAH.

If not paying by credit card, enclose a check or money order for the amount indicated above.

Please include a driver's license number on personal checks.

A fee of \$30 may be assessed for returned checks.

Order form checked and money received by ADAH staff member _____

Send payment to:

Alabama Department of Archives and History
 Post Office Box 300100
 Montgomery, Alabama 36130-0100
 334-242-4435 <http://www.archives.alabama.gov>

<p style="text-align: center;"><i>For Official Use:</i></p> <p>Dates: Pulled _____ QC'd _____ Sent to vendor _____ Rec'd from vendor _____ Refiled _____ by _____</p>
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Each order must list each microfilm roll separately and include the location number (M# or S#) for each roll. Please only write the location number once. The M or S number is available from the microfilmed newspapers database at: <http://www.archives.alabama.gov/newsmicro/search.cfm>, or for probate records at <http://www.archives.alabama.gov/localrecords/search.cfm>.

Please allow 6 - 8 weeks for your order to be filled.

TITLE OF COLLECTION	DATE SPAN	LOCATION NUMBER (M# or S#)
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1. _____
2. _____
3. _____

order sent	date	rolls received
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FOR ADDITIONAL TITLES

TITLE OF COLLECTION	DATE SPAN	LOCATION NUMBER (M# or S#)
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____