

Mail to: **Dawson County Clerk & Recorder**  
**207 W. Bell St.**  
**Glendive, MT 59330**

Include \$1.00 for each copy of certificate requested along with a stamped self-addressed envelope.

**REQUEST FOR GENEALOGY INFORMATION**

Note: These records must be dated over 30 years ago to qualify as genealogy.

I, hereby request the Clerk & Recorder of Dawson County Montana to issue me (number) \_\_\_\_\_  
copy (s) of birth records and or (number) \_\_\_\_\_ death records for the following person(s).

1.	_____	_____	_____	_____
	Name	Birth/Death	Date	Place
2.	_____	_____	_____	_____
	Name	Birth/Death	Date	Place
3.	_____	_____	_____	_____
	Name	Birth/Death	Date	Place
4.	_____	_____	_____	_____
	Name	Birth/Death	Date	Place
5.	_____	_____	_____	_____
	Name	Birth/Death	Date	Place
6.	_____	_____	_____	_____
	Name	Birth/Death	Date	Place

**TO BE COMPLETED BY GENEALOGY RESEARCHER**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_