



Daughters of the Revolution of 1776

Application Copy Request Form (Please Print)

Requestor Information:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ E-Mail _____

Application Information (You must provide all of the following):

Patriot's First Name _____ Patriot's Last Name _____

D of R Applicant's First Name _____ Last Name _____

Year _____ State _____ Application Number _____

Copy Fee: **\$ 10.00 per Application requested**

I am enclosing: \$ _____

Please make your check payable to the *Suffolk County Historical Society*.

Please include your payment, this form and a **self-addressed business (No. 10) envelope with two stamps**, and mail to:

**Suffolk County Historical Society
Attention: D of R / Library
300 West Main St.
Riverhead, NY 11901-2894
631 727-2881**

<http://www.suffolkcountyhistoricalsociety.org/>