



## KENTUCKY GATEWAY MUSEUM CENTER

(formerly Mason County Museum)

215 Sutton Street, Maysville KY 41056

606-564-5865 Fax 606-564-4372

Email [museum@masoncountymuseum.org](mailto:museum@masoncountymuseum.org)

### IN-HOUSE RESEARCH FEES

If you've traced your ancestors back to locations in Mason County, you probably want to expand your family history with some detailed local information.

Achieving this usually means visiting in person and spending perhaps several days investigating just one lead. For many people this can pose quite a problem, particularly if you live on the other side of the world!

The Kentucky Gateway Museum Center Library offers In-House Research service to those individuals interested in obtaining genealogical and historical data from the resources of the Library collections. The fee for this service is \$25.00 (\$20.00 for members), non-refundable and paid in advance. Up to one hour will be spent evaluating one name and one research question, exploring primary and secondary sources, obtaining copies of pertinent documents, and composing a research report. Photocopies are 50¢ each (25¢ for members), copies sent by fax are \$3.00 for the first page and \$2.00 for additional pages. Copies made from original manuscripts, rare imprints, and photo prints, or on wide formats, are subject to fees in addition to the research fee. For imaging services, please see **Photographic Imaging Services**. Actual mailing charges will be applied. Prices subject to change without notice. Please allow six weeks for delivery of your report.

Payment may be made three ways: mail, e-mail, or telephone. We accept VISA or MASTERCARD.

The pleasant atmosphere and helpful staff of the Research Library will make your experience memorable. If you are doing extended research, a Kentucky Gateway Museum Center Membership can offer considerable savings.

### RESEARCH INQUIRY FORM

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Credit Card ( ) Visa ( ) MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Billing address if different from above \_\_\_\_\_

\_\_\_\_\_ **Signature** \_\_\_\_\_

Please make checks payable to the Kentucky Gateway Museum Center.

### Research Information

Name(s)/Family(ies): \_\_\_\_\_

Time period(s) to be covered by research: \_\_\_\_\_

County/Geographical area(s): \_\_\_\_\_



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Question/Problem Statement (Please be as specific and exacting as possible in spelling out your needs. The more information we have about your requirements, the more thorough and faster the work. Please supply race, religion and ethnic origin. Nicknames and name spelling variations are helpful.)

Return this form to: Museum Center, 215 Sutton Street , Maysville, KY 41056  
**606.564.5865 fax-606.564.4372 email-[researchlibrary@masoncountymuseum.org](mailto:researchlibrary@masoncountymuseum.org)**  
**[www.masoncountymuseum.org](http://www.masoncountymuseum.org)**