

# Taylor Home Record Application Form for mail or in-person requests

Racine Heritage Museum, 701 Main Street, Racine, WI 53403

Taylor Home (TH) records requests require 4 to 6 weeks to process.

ALL REQUESTS MUST BE IN WRITING AND ACCOMPANIED BY PROPER IDENTIFICATION.  
ONLY APPLICATIONS MEETING THE FOLLOWING CRITERIA WILL BE ACCEPTED.

## **A. I am the person named as resident at Taylor Home.**

**Required ID for requesting one's own TH records:** Original or certified copy of Birth Certificate and current valid state driver's license or ID card. TWO of the following may be substituted in the absence of a state driver's license or ID: US government issued photo ID, Passport, Health Insurance card. **WHEN MAKING THE REQUEST BY MAIL:** a **notarized** photocopy of your valid state identification is required.

## **B. I am a son or daughter of the person named as resident at Taylor Home.**

**Required ID for requesting a deceased parent's TH records:** Original or certified copy of Death Certificate for the person named in the record, and original or certified copy of Birth Certificate and current valid Driver's License (or equivalent – see A.) for the individual making the request. **WHEN MAKING THE REQUEST BY MAIL:** a **notarized** photocopy of your valid state identification is required.

## **C. I am a grandchild or great grandchild of the person named as resident at Taylor Home.**

**Required ID for requesting a deceased grandparent's TH records:** Original or certified copy of Death Certificate for the person named in the record, and original or certified copy of Birth Certificate and original or certified copy of Death Certificate for the child of the TH resident, and original or certified copy of Birth Certificate and current valid Driver's License (or equivalent – see A.) for the individual making the request. **For every succeeding generation removed from the original TH resident, in order to establish that the inquirer is a direct descendent of that original resident, an additional layer of original or certified copy of death certificate/birth certificate and sometimes, original or certified copy of marriage certificate, is required.** **WHEN MAKING THE REQUEST BY MAIL:** a **notarized** photocopy of your valid state identification is required.

### **If making the application in person:**

Print, then fill out the questionnaire on the next page and bring to:

***Racine Heritage Museum, 701 Main Street, Racine WI 53403***

**along with** your identifying documents; photocopies of your documents will be made and your originals returned to you at the time of application. **The records request will be completed within 4 to 6 weeks.** A photocopy fee (50 cents per copy) will be payable at the time you receive the records.

### **If making the application by mail:**

Print, then fill out the questionnaire on the next page and send to:

***Racine Heritage Museum, 701 Main Street, Racine WI 53403***

**along with** a notarized photocopy of your personal identification (Driver's license or equivalent– see A) **and** the original certificates as required, **and** Restricted Delivery fee (\$30) (USD only) payable to:

***Racine Heritage Museum.*** Your certificates will be returned to you when the records request is complete, **within 4 to 6 weeks.** *You will be contacted for payment of Photocopy Fee (50 cents per page) before the records are sent to you.*

### **TH record delivery:**

All information relevant to the TH record application will be provided in photocopy format; a photocopy fee of 50 cents per page applies, payable once TH Record is ready for delivery. Information not pertaining to the named TH resident will be redacted.

- **To receive TH records in person:** advance appointment required.
- **To receive TH records (USA only) by USPS Restricted Delivery:** Send postage and handling fee (\$30.00) along with TH Record Application (next page) to:

**Racine Heritage Museum, 701 Main Street, Racine WI 53403.**

*(Photocopy Fee (50 cents per page) will be due before records are sent.)*

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*Print, then fill out this questionnaire and mail it, along with identifications and fees as noted on page 1, to:  
**Racine Heritage Museum, 701 Main Street, Racine WI 53403**  
The search for Taylor Home Records is provided free of charge to all meeting the requirements on page 1.  
Fees covering photocopies and mailing apply, and must accompany this application. See page 1.*

**APPLICANT INFORMATION:**

Your current name: \_\_\_\_\_  
(Please print)                      first                                      middle                                      last

Your Street Address (no P.O. boxes):  
\_\_\_\_\_

Your daytime telephone number, including area code: (\_\_\_\_\_) \_\_\_\_\_

Your email address:  
\_\_\_\_\_

**TAYLOR HOME RESIDENT INFORMATION:**

Birth name:  
\_\_\_\_\_  
   first                                      middle                                      last

Approximate dates of residency at TH:  
\_\_\_\_\_

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to the requested information in accordance with the categories (A, B, or C) listed above.

Applicant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_