



CHESHIRE MILITARY MUSEUM
The Castle
CHESTER CH1 2DN
Registered Charity No: 272108



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Information Request Form

Your Details:		Date of Enquiry:
Title Mr/Mrs/Miss/Ms/Other (please state)		
First Name:	Surname:	
Address:		
City:	County:	
Post Code:	Country:	
Telephone (Day):	Mobile:	
E-mail:		

Known Details about the individual you wish us to undertake research on:

Surname:	Date of Birth:	
First Names:		
Rank:	Service Number:	
Battalion/Unit:		
Place of Birth:	Place of Residence:	
Enlistment Town and Date:		
Trade/Occupation:	Dates of Service:	
Where Served:		
Medals and Awards:		
Discharge date and reason:		
Killed in Action []	Died of Wounds []	Other Reasons []

If you wish to visit the archives in person they are open on a Saturday, please ring in advance as records are limited & we do not hold whole records for soldiers who have served.
Please bring any medals, artefacts or paperwork with you.

Saturday (Date) Time:

Are you to be accompanied? YES/NO If yes, please state total number in party

Any Additional Information

Office Use Only

Reference Number: **C17/**

Our work in preserving part of Britain's Military Heritage is only possible by the generous support of many members of the public. In order to continue this we request a minimum donation of £20 sterling and £25 for overseas enquiries, to cover additional postage. The Museum is both Independent and a Charitable Trust and through **GIFT AID** legislation, we can benefit even more from your donation – by re-claiming tax that you have already paid. Please use this form to make your **Gift Aid Donation** to Cheshire's Military Museum.

Please complete and return this form with cash, debit/credit card details or cheque – made payable to: **The Cheshire Military Museum** by post only. (For security reasons please do not email or fax this form).

Name: _____

Address: _____

Postcode: _____

Telephone: _____

I wish the Museum to reclaim tax on my donation

(Please tick here) sign and date

Signature: _____ Date: _____

Important note: - You must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations.

I enclose a donation of: £20 £25 overseas Other £_____ cash /cheque or

Please debit my: Visa Mastercard Maestro (Switch) Card

Name as it appears on the Card: _____

Number: - - -

Start Date: _____ Expiry Date: _____ Switch Issue No: _____

3 Digit Code: _____ (The last three digits on the reverse of your card)

A further donation may be requested if extensive research is required.

THANK YOU FOR YOUR SUPPORT

Please send your donation and this form to:

**Research Section
Cheshire Military Museum
The Castle
Chester
CH1 2DN**