



Household Cavalry Museum Archive

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ARCHIVE ENQUIRY FORM

Name: Tel (daytime): Email:		Address:	
Reason for enquiry Family Research / Publishing / Medal Collector / Educational Purposes Other (please specify)			
Subject of enquiry Full Name: Regiment: Service No: Rank: Period of Service:			
Other details:			
Signature:		Date:	
Office Use Only Date Received: Date Completed:	Ref No:	Researcher:	
Cheque received:		Date:	