For Archives Use:
Accession No. _____

Circuit Clerk
Security Microfilm Transfer Sheet

All microfilm transferred to the Illinois State Archives must be accompanied by this form completed in triplicate.

1. Records of: _____ County

Mailing Address: _____
Street City ZIP Code

Name and Telephone of Agency Contact Person: _____
Name Telephone Number

Send Receipt to: _____
(If different from above) Name Telephone Number

Mailing Address: _____
(If different from above) Street City ZIP Code

2. Total Rolls Submitted This Date: | For Archives Use:

3. I hereby certify that this microfilm transferred for security storage to the Illinois State Archives meets certification and film quality requirements established by the Local Records Commission under the Local Records Act.

_____
Name and Title of Official (Type or print) | Signature of Official | Date

4. ID # (number each roll)	Title of Records	Start of Roll (date, page #, etc.)	End of Roll (date, page #, etc.)

5. The above-named rolls of microfilm have on this _____day of_____ 20____ been received by the Illinois State Archives for security storage. These microfilm records remain the property of the above-named Circuit Clerk's office. Viewing, removal and/or copying of these records may be done only upon written authority of said office.

_____
David Joens, Director
Illinois State Archives