

Research Request Form

Please complete a separate form for each individual for whom research is requested.

Part 1: Your Information		
Name		
Street Address		
City, State & Zip		
E-mail		Phone
How many hours of research at \$20 per hour do you authorize?		
Part 2: Research Request (*Required)		
*Surname	*G	iven Name
Please complete as much of the following information as possible		
Birth Date	Bi	rth Location
Death Date	De	eath Location
Father's Name	М	other's Name
Spouse's Name	Ch	ildren's Names
*What research information are you requesting? Please be specific.		
*Sources that you have already checked. Please be specific.		