Request #_____

Genealogical Research Request Form – Part 1

Your Name:_____

Mailing Address:_____

City_____ State:_____ Zip Code:_____

Phone:_____ E-mail:_____

I. Research fees

a. **$30** for one hour and/or the first hour of research. This is the minimum fee required to initiate a search.

- First hour of research $_____

b. **$25** for each additional hour of research. We recommend that you include **one** additional hour of research (i.e. $30 first hour + $25 for second hour + $55), but indicate a budget that can be billed to you if a more extensive investigation is needed. We will not bill you unless you agree to it and it is necessary (See **II.**)

- Additional hours of research: # of hours of research _____ @ $25/hour = $_____
- Total amount paid for research $_____

II. Billing for additional hours of research and copies of documents. The WCHS will investigate resources in our library and at the courthouse for the time that you contract have contracted from our researcher. The researcher will not do additional hours of work or make copies of documents *unless* you authorize the expenditure. Please sign on the line below and indicate your budget for additional research time and/or copies of courthouse citations.

- I,_____, authorize the WCHS to **invoice** me or **bill my credit card** for *additional hours of research ($25/hour), copies of* ***exact citations*** *from the courthouse, and/or photocopies* if the information exceeding the initial payment is needed to complete the work I have requested on the form. Please bill me for no more than $_____ beyond my initial payment. The WCHS will notify those paying by credit card of the total of the additional research fee by e-mail prior to billing your credit card.

III. Complementary hour of research. Sustaining or higher level of membership may request one complimentary hour per year and $25 per hour for additional hours of research.

Complimentary hour used (date) _____

Method of Payment

- ❑ Check amount $_____ Check #_____
- ❑ Visa/MasterCard#_____ exp. date_____

Signature (credit card)_____

Office use:

Date processed _____ Hours requested _____ Budget _____ Date Completed _____

Request # _____

Genealogical Research Request Form – Part 2

Please complete as much of the relevant information on the form as possible. **Use one form per individual/surname or topic to be researched.** The fee is structured on a per request basis for an individual, or immediate family/household members of the same surname. Each request is assigned an identification number.

Your Name:_____

Name to be researched:_____

Alternate spelling(s) of surname:_____

Birth date and/or death date:_____

Town or Township where they lived/died:_____

Approximate span of years that they lived in the county:_____
(Example: They lived in Westmoreland from 1802 to1845.)

Name of Spouse(s) & relevant dates:_____

Names of children & relevant dates:_____

_____

Religious affiliation:_____

Identify resources consulted thus far:_____

_____

What information do you hope to discover? You may attach additional sheets if necessary, but please be concise.

_____

_____

_____

_____

_____

_____

_____

_____

Office use:

Date processed _____ Hours requested _____ Budget _____ Date Completed _____