

Request # _____

Genealogical Research Request Form – Part 1

Your Name: _____

Mailing Address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Research fees

\$30 for the first hour and \$25 per hour for additional research.

- ◆ First hour of research @ \$30 \$ _____
- ◆ Subsequent hours of research: # of hours of research _____ @ \$25/hour = \$ _____

Sustaining or higher level of membership may request 1 complimentary hour per year and \$25 per hour for subsequent hours of research.

Complimentary hour used (date) _____

**Please note:*

- A **minimum payment** equal to one hour of research must accompany the request, with the exception of the one complimentary hour per year for Sustaining and higher levels of membership. See Research by Mail for complete instructions for submitting a request for research. Please use the secure electronic payment form when submitting a request by e-mail. (refer to number 8.)

Method of Payment

- Check amount \$ _____ Check # _____
- Visa # _____ exp. date _____
- MasterCard # _____ exp. date _____

Signature (credit card) _____

Researchers: The WCHS will invoice you for additional hours of research only if you authorize us to do so. Please check the box and indicate your budget.

- I, _____, authorize the WCHS to invoice me or bill my credit card if *additional hours of research and/or exact citations from the courthouse, and photocopies* if information exceeding the amount paid is needed to complete the work. Please bill me for no more than \$ _____. 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 company.

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, not a cumulative total of research for the year. 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 to 1845.)

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 _____ Request # _____ Hours requested _____ Budget _____ Date Completed _____