

GENEALOGY RESEARCH REQUEST FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Person or family to be researched: _____

Area where research subject lived: _____

Time period in which they lived: _____

Facts already known such as parents, spouse, children, birth or death date, place of burial or religious affiliation which will help narrow the search and prevent providing already known information.*

What information do you hope to find? _____

RESEARCH FEES

***Cost is \$10.00 for the first hour which is non-refundable, even if no information is found.**

***Additional research is \$10.00/hr.**

***Reproduction of photos, if available, in any format, would incur an extra fee.**

**Please make checks payable to:
Chestnut Ridge Historical Society Inc.**

**Mailing address:
P.O. Box 62
Jones Mills, PA 15646**