



GENEALOGY RESEARCH REQUEST FORM

Tell us what YOU already KNOW about your ancestor. Begin with the ancestor in question and complete as much as you can.

1. Ancestor's Name: _____
2. Date of Birth: _____ Place of Birth: _____
3. Date of Death: _____ Place of Death: _____
4. Spouse's Name: _____
5. Date of Birth: _____ Place of Birth: _____
6. Date of Death: _____ Place of Death: _____
7. Date of Marriage: _____ Place of Marriage: _____
8. Mother's Name: _____
9. Date of Birth: _____ Place of Birth: _____
10. Date of Death: _____ Place of Death: _____
11. Father's Name: _____
12. Date of Birth: _____ Place of Birth: _____
13. Date of Death: _____ Place of Death: _____

Do you know any other information regarding your ancestor:

(Continue on page 2)

Be specific and give two questions you want to have our researchers answer for you.

1. _____

2. _____

Your Name: _____ Email Address: _____

Follow the instructions on the Research page of our website or print and mail this form along with a \$25.00 research fee to:

The Columbia Historic Preservation Society
PO Box 578
Columbia PA 17512