



## GENEALOGY REQUEST FORM

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address:  
(if different) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Relative's Full Name:  
(include maiden name) \_\_\_\_\_

Date of Death/Marriage: \_\_\_\_\_

Place of Death/Marriage: \_\_\_\_\_

Age at Death: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Parent's Names:  
(include maiden name) \_\_\_\_\_

For what purpose is  
information required? \_\_\_\_\_

What is your relationship  
to this person? \_\_\_\_\_

In what capacity are  
you acting? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**NOTE:** The genealogy fee is \$22 per copy for a standard three (3) year search. Fee increases for longer search. Time periods are waived if the applicant is a descendant and provides documentation of descent. All requests are stamped "For Genealogy Purposes Only". We accept cash, check or credit card.