

RESEARCH REQUEST FORM

Your Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Send report by: U.S.Mail \_\_\_ E-Mail \_\_\_ Our volunteer researchers will acknowledge receipt of your request.



THE ONE PERSON TO BE RESEARCHED

Fill in as much information as you can. If any information is questionable, use “?” after your answer.

First Name \_\_\_\_\_ Middle, If known \_\_\_\_\_ Last name \_\_\_\_\_

Special designation (Dr., Col., Nickname, ,etc.) \_\_\_\_\_ Variant spellings \_\_\_\_\_

Birth Information: Date, if known \_\_\_\_\_ Place of birth: \_\_\_\_\_

Parents: Father \_\_\_\_\_ Mother (with maiden name) \_\_\_\_\_

Immigration: Date \_\_\_\_\_ Place of origin: \_\_\_\_\_ Years lived in DuBois area: \_\_\_\_\_

Death date: \_\_\_\_\_ Place of death: \_\_\_\_\_ Cause of death, if relevant : \_\_\_\_\_

Marriage: Date \_\_\_\_\_ Place of marriage \_\_\_\_\_ Spouse’s name \_\_\_\_\_

If more than one marriage, indicate number \_\_\_\_\_ Provide any relevant information about other spouse(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Names of children \_\_\_\_\_  
\_\_\_\_\_

Religious affiliation, if known \_\_\_\_\_

Indicate sources you have previously consulted (historical societies, online tools, books, government bodies, etc.) \_\_\_\_\_

Tell us what information you are seeking. Be as specific as you can be.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send to: DuBois Area Historical Society P.O.Box 401 DuBois PA 15801 along with advance donation of \$25.00 (payable to the Society) which covers the first two hours of research and up to 20 photocopies.