

RESEARCH REQUEST FORM (7-12)

Please send this completed form along with \$35.00 payment for the initial first hour of research (\$22.00 for members). If we need additional time for research (which depends on all that you are looking for) we will advise you before going ahead.

Please make check payable to

The Schuylkill County Historical Society and send to:

Research Request  
Schuylkill County Historical Society  
P.O. Box 1356  
Pottsville, PA 17901

If you prefer to use a credit card, please provide the following information:

Credit Card type \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover  
\_\_\_\_\_ American Express

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date \_\_\_\_/ \_\_\_\_

Security code \_\_ \_\_ \_\_ Security Code for Amex \_\_ \_\_ \_\_ \_\_

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Ancestor (one name per search):  
\_\_\_\_\_

Birth Date and Location:  
\_\_\_\_\_

Marriage Date and Location:  
\_\_\_\_\_

Death Date and Location:

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Years in Schuylkill County:

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Town or Township of Residency:

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Nationality / Religion:

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Name of Spouse:

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Birth Date and Location:

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Death Date and Location:

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\*\* List any additional spouse/spouses and their information on a separate sheet.

Name of Child:

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Birth Date and Location:

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Death Date and Location:

---

Name of Spouse:

---

Name of Child:

---

Birth Date and Location:

---

Death Date and Location:

---

Name of Spouse:

---

Name of Child:

---

Birth Date and Location:

---

Death Date and Location:

---

Name of Spouse:

---

Name of Child:

---

Birth Date and Location:

---

Death Date and Location:

---

Name of Spouse:

---

\*\* List any additional children and their information on a separate sheet.

Exactly what information are you requesting? Please be brief and as specific as possible.  
Thank You.

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