

Genealogy Request Form

Please complete this form and mail it in with your research fee. The fee for the first hour is \$35 for non-members and \$22 for members. If additional time is needed for research request, we will advise you before going ahead.

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

Please make checks payable to:
Schuylkill County Historical Society

Fee Enclosed: ___ \$22 Member research ___ \$35 Non-Member research

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 ___ ___ ___ Amount to charge ___

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____

Membership #: _____

Please complete the following form with as much information as possible. State exactly what information you are requesting.

Genealogy Request Form (pg. 2)

Name of individual: _____

Birth date and location: _____

Marriage date and location: _____

Death date and location: _____

Nationality / Religion: _____

Town or Township of Residency: _____

Years in Schuylkill County: _____

Name of spouse: _____

Birth date and location: _____

Death date and location: _____

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

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.
