



# WESTERN PENNSYLVANIA GENEALOGICAL SOCIETY

## Allegheny County Death Record Request Form

For the years 1893-1905

Your Name \_\_\_\_\_ Member # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Send report by: U.S. Mail      or E-mail

*(Please indicate one)*

### Person to be Researched

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname (maiden name for women) \_\_\_\_\_

Alternate spelling of surname (If any) \_\_\_\_\_

Year of Death \_\_\_\_\_

Township of Death \_\_\_\_\_

Document # from the WPGS Index \_\_\_\_\_

Thank you for your interest in the research services of the Western Pennsylvania Genealogical Society.

*You will receive a written response from our volunteer researchers in the submission method indicated as soon as possible but usually within 2-4 weeks. We will contact you with any concerns or questions as well as a need for additional research time and fees to complete your research objective.*