



WESTERN PENNSYLVANIA GENEALOGICAL SOCIETY

First Family Request Form

Your Name _____ Member # _____

Mailing Address _____

City _____ State _____ Zip code _____

Phone _____ E-Mail _____

Send report by: U.S. Mail _____ or E-mail _____
(Please indicate one)

Surname and Date of Residency from the First Families Approved Ancestor List

Only one person per request.

Surname: _____

Date of Residency: _____

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

You will receive a written report 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.