



# WESTERN PENNSYLVANIA GENEALOGICAL SOCIETY

## Research 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)

### Person to be Researched

\_\_\_\_\_

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

\_\_\_\_\_

Alternate spelling of surname (If any)

**BIRTH INFORMATION:** Year of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Names of Parents (if Known) \_\_\_\_\_ (Father)

\_\_\_\_\_ (Mother)

**IMMIGRATION INFORMATION:** Year \_\_\_\_\_ Place of Origin \_\_\_\_\_

**DEATH INFORMATION:** Year of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

### **INFORMATION ABOUT MARRIAGE AND CHILDREN:**

Year of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Name of Spouse \_\_\_\_\_ (name at birth)

Names of Children

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

**PLACES OF RESIDENCE:**

State \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_ Dates \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_ Dates \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_ Dates \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Please indicate religious denomination (ex. Lutheran, Presbyterian, Methodist, Jewish, etc.) and any specific congregation and location if known.

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**INDICATE SOURCES CONSULTED SO FAR.**

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**WHAT INFORMATION DO YOU HOPE TO DISCOVER?** Please be concise.

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.*