



GENEALOGY RESEARCH REQUEST FORM

1. WHAT YOU already KNOW about your ancestor:

- * You will not be able to fill in all the blanks!
- * Help us help you by answering as many as you can.
- * One of these questions may be what you want us to find for you.
- * Depending on the volume of requests for volunteers, delays are possible.

Ancestor's Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Spouse's Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Date of Marriage: _____ Place of Marriage: _____

Mother's Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Father's Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Any other information: _____

2. What two specific questions do you have for our volunteers to research for you?

a. _____

b. _____

Your Name: _____ Email Address: _____

Please print and mail this form and your \$25 research fee to:

Historical Society Of Washington County, Virginia
P. O. Box 484
Abingdon, VA 24212-0484

Or you can order online by following the instructions on the Research page of our website
(<http://www.hswcv.org/research.html>).