

# Research Request Form

### RESEARCH FEES

\$15 per family name plus \$5 postage  
And 30 cents per page photocopying  
for over 6 pages

Please make cheques / money orders  
payable to CCFHS Inc.

OR

For Direct Deposit

BSB 012621 A/c 203413323

Use your name as Reference

### YOUR CONTACT DETAILS

Name: \_\_\_\_\_ (Mr, Mrs, Miss, Ms)

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount encl: \$ \_\_\_\_\_ ( cheque/money order) Date: \_\_\_\_\_

### Researcher use only

Date Received: .....

Amount enclosed: \$ .....

Date Completed: .....

Date mailed to customer: .....

Researchers: .....

.....

To help you get the most out of your research request and also to assist us to locate information quickly, please fill in the details below with as much information as you can that you already know from sources you have checked yourself.

Please note that the fee payable is a search fee and is not refundable. If no information is found you will be advised ~~of the~~ <sup>of the</sup> checked

Full name of the person you are researching  
\_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_ Sources: \_\_\_\_\_

Marriage date: \_\_\_\_\_ Location: \_\_\_\_\_ Sources: \_\_\_\_\_

Death date: \_\_\_\_\_ Location: \_\_\_\_\_ Sources: \_\_\_\_\_

Occupation: \_\_\_\_\_

Names of parents of person being researched

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Name of spouse \_\_\_\_\_

Names of children of this marriage: \_\_\_\_\_  
\_\_\_\_\_

Any Specific information request : \_\_\_\_\_  
\_\_\_\_\_

Any other information you can provide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_