

# Central Coast Family History Society Inc

ABN 30 269 707 398

PO Box 4090 East Gosford 2250

Email: [kay1@centralcoastfhs.org.au](mailto:kay1@centralcoastfhs.org.au)

## 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 or money orders  
payable to CCFHS Inc.

OR

For Direct Deposit  
BSB 012621 A/c 203413323  
Use your name as Reference

### Researcher use only

Date Received: .....

Amount enclosed: \$ .....

Date Completed: .....

Date mailed to customer: .....

Researchers:

.....

### YOUR CONTACT DETAILS

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

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

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

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

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

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

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 sources 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original form designed by Ann Hodges Inverell FHG Inc

Please write extra information on the reverse