

Central Coast Family History Society Inc

4/8 Russell Drysdale Street, East Gosford PO Box 4090 East Gosford 2250 Phone: 02 4324 5164

Email: admin@centralcoastfhs.org.au
Website: www.centralcoastfhs.org.au

Research Request Form

Please provide as much information as possible about the person to be researched. Copies of certificates will assist us.

*Please fill in a separate form for each family member to be researched.

D	Name	Date Born	Where Born
Person to Research			
Occupation		Death Date	Immigration
Mother's Name		Father's Name	
Mother's Name		ratilet 5 Name	
Spouse Name		Marriage Date	Place of Marriage
Children of Marriage(s)			
Other known details about th	is person e.g., siblings		
Specific information requeste	d		
RESEARCH INFORMAT	'ION		
	_	son shown above (maximum 3 ho	ours).
Initial Research		,	Ý
	arch \$10.00 per hour.	&W) \$1 per page A3 (B&W)	
Microfilm copying	•	xvv) \$1 per page A3 (b&vv)	
		d. Currently \$20 per transcript.	
RESEARCH REQUEST	(cross out / tick items :	as required)	
		half. I am / am not a member of the	ne Central Coast Family History
Society Inc.			
	any research undertale to any other research		listory Society Inc. on my behalf wil
	-	est will be filed and available to ot	her researchers;
I will acknowledg	e the assistance of the		ciety Inc. if I use any of the details
provided in any p		of my name, contact details and t	this research request in the
•	•	of my name, contact details and the trail Coast Family History Society	•
I enclose paymer	nt of \$20 for the initial r	esearch fee and acknowledge that pying or research is undertaken.	at I will be advised if additional

Applicant Name:		_	
Address:	Suburb / Town:	State: Postco	Postcode:
Mobile Phone:	Other Phone	:	
Email:		_	
Date Signed	I		
Payment Method (Please circle)		Amount Paid:	
EFT Mastercard Visa	Coast Family History Society Inc		,
Card No:///		_// Expii	ry/
Direct Deposit BSB 633-000 Account No Account Name: Central Coast I Reference: Your name	175 073 667 Family History Society Inc.		
Please post or email the completed f	orm to the above address		
Office Use only Date Received// Assigned Researcher Total hours elapsed Photocopying costs \$ Total costs \$			
Receipts: Initial Fee \$ Additional Fees \$			
Reply to applicant dated/	_/		
Results added to server/	_/		
Signed Off /	_/		
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b. = birth m. = marriage			p.		

d.

d. = death p. = place Cont.

15.

b. d.