

Person to Research

Occupation

Central Coast Family History Society Inc

4/8 Russell Drysdale Street, East Gosford 2250

Phone: 02 4324 5164

Name

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

Research Request Form

Date Born

Death Date

Where Born

Immigration

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.

Mother's Name	Father's Name	
Spouse Name	Marriage Date	Place of Marriage
Children of Marriage(s)		
Other known details about this person e.g., siblings		
Specific information requested		

RESEARCH INFORMATION

- Initial research will be limited to the Person shown above (maximum 3 hours).
- Initial Research Fee is \$30.00 for members and \$35.00 for non members.
- This fee includes 3 hours of research for one family name, a pedigree chart and photocopies to the value of \$5.00
- Additional Research \$10.00 per hour plus the cost of photocopies.
- Photocopying 30 cents per sheet A4 (B&W) \$1 per page A3 (B&W)
- Microfilm copying \$1.00 per page.
- NSW BDM Transcription costs if required. Currently \$20 per transcript. Prices may vary.

RESEARCH REQUEST

Please undertake the above research on my behalf. I am am not a member of the Central Coast Family HistorySociety Inc.

- I understand that any research undertaken by the Central Coast Family History Society Inc. on my behalf will become available to any other researcher at our Centre;
- Any information enclosed with this request will be filed and available to other researchers;
- I will acknowledge the assistance of the Central Coast Family History Society Inc. if I use any of the details provided in any publication;
- I agree do not agree to the publication of my name, contact details and this research request in the e-Muster and on the website of the Central Coast Family History Society Inc.
- I enclose payment of \$30 for the initial research fee and acknowledge that I will be advised if additional payment is required before additional copying or research is undertaken.

Applicant Name:	_
Address: Suburb / Town:	State: Postcode:
Mobile Phone: Other Phone	:
Email:	_
Date Signed	
Payment Method (Please Click to Indicate)	Amount Paid:
Cash Cheque (payable to Central Coast Family History Society Inc EFT Mastercard Visa	c.)
Card No:	Expiry CVC No:
Cardholder Name	
Direct Deposit	
BSB 633-000 Account No 175 073 667	
Account Name: Central Coast Family History Society Inc.	
Reference: Your name	
Please post or email the completed form to the above address Office Use only	
Date Received//	
Assigned Researcher Total hours elapsed	
Photocopying costs \$	
Total costs \$	
Receipts: Initial Fee \$ Receipt No Additional Fees \$ Receipt No	
Reply to applicant dated//	
Results added to server//	
Signed Off//	
Name:	