Mail-In Genealogy Research Request Form
Please print and complete this form when requesting research.

Person requesting information:

Name:______________________________________________________

Full address:_______________________________________________________________________________________

(Number, Street, Apt. or Suite #)

_____________________________________________________________________________________________

(City)    (State)    (Zip Code)

Telephone number:_______________________ E-mail:______________________________________________

I understand that there will be a research fee of $10.00 per request, which includes up to one hour of
research, postage and up to ten pages of photocopying, payable by check to the Wayne Public Library.
(Please write “Genealogy Research” on the memo line.)

Signature:________________________________ Date:___________________________ Librarian:_____

Please provide as many details of the individual to be researched:

Name of person you are researching:_______________________________________________________

Date of Birth:_____________________________ Place of Birth:______________________________

Date of Marriage:___________________________ Place of Marriage:_________________________

Date of Death:_____________________________ Place of Death:____________________________

Father’s Name:____________________________ Mother’s Maiden Name:_____________________

Spouse’s Name:____________________________

Names of Children:______________________,   _______________________________________

_______________________________________,   _______________________________________

Please describe what you want to know about this ancestor, as completely and specifically as possible.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Additional information you feel would be helpful: