

## Research Request Form - Fee \$20

Please fill out this form as completely as possible. Specific information will produce a more efficient and thorough search. You may like to submit copies of family group sheets, pedigree charts etc., to clarify family relationships. The fee covers a basic research of approx. 2 hours. If further research is required, an additional payment will be requested.

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Your Information:				
Name:				
Address:		City:		Postcode:
Email:	Telephone:			
Describe the research request	<u>-</u>			
Details of the person to be res	earched. Fill in as	much information as pos	sible.	
Name:				
Date of Birth:	Place of Birth:			
Date of Death:	Place of Death:			
Spouse's Name:				
Date of Marriage:	Place of Marriage:			
Children of Marriage				
Names	Date of Birth	Place of Birth	Dates of Death	Place of Death
Other known details about th	is person. e.g. sib	lings		
Please tick resources already researc	hed			
Births, Death and Marriage Index	Aus	tralian Cemeteries Index	1903 Elector	al Rolls
NSW State Records Shipping Inde	x Tro	ve Digital Newspapers		

## RESEARCH REQUEST (Tick items as required)

Please undertake the above research on my behalf. I am / am not a member of the Port Macquarie & Districts Family History Society.

I understand that any research undertaken by the PMDFHS on my behalf will become available to any other researcher at our library. Any information enclosed with this request will be filed and available for other researchers.

I will acknowledge the assistance of PMDFHS if I use any of the details provided in any publication.

I enclose payment of \$20 for the basic research fee and acknowledge that I will be advised if additional payment is required before additional copying or research is undertaken.

DATE: SIGNED:

Payment Method: Cheque posted to Secretary, PO Box 1359 Port Macquarie OR

 $Direct\ Deposit\ details:\ HCCU\ BSB:\ 932\ 000\ Acct:\ 5032040\ Ref:\ RESEARCH\ -\{enter\ your\ surname\}.$ 

Write your Direct Deposit Reference here:

ABN 61 517 646 432