



HCGS Research Committee Request Form

PRINT CLEARLY

Today's Date: _____

Your Name: _____
First Name Last Name

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Telephone Number: (_____) _____ - _____

Email address: _____

Note: The more information you can provide, the greater the likelihood of a successful inquiry.

Please search HCGS Publications, *The Tracer* and Surname card file for:

(List the name of only one ancestor. Note that there is a maximum of two ancestors per request, per month.)

Ancestor's Name		
Surname:		Given name:
Birth		
Date:	Place:	Source:
Religion		
		Source:
Baptism		
Date:	Place:	Source:
Marriage		
Date:	Place:	Source:
Death		
Date:	Place:	Source:

(continued on next page)

Emigration / Immigration		
Departure date:	Place of departure:	Source:
Arrival date:	Place of arrival:	Source:
Naturalization & Citizenship		
Date:	Place:	Source:
Family (any known relatives)		
Additional Comments / Explanation		

Indicate your HCGS member status:

- Member – Research fee is \$10.00
- Non-Member – Research fee is \$20.00

Check all that apply:

- Send me a list of publications searched.
- Send me a list of Paid Researchers.

Mailing instructions:

1. Include a SASE and check payable to “HCGS.”
2. Mail to: Hamilton County Genealogical Society
P.O. Box 15865
Cincinnati, Ohio 45215-0865