WASHINGTON COUNTY HISTORICAL SOCIETY

49 East Maiden Street, Washington, PA 15301

WCHS RESEARCH REQUEST FORM

for research in WCHS's Research Library, the County Courthouse, Citizens Library, and on-line databases

\$30.00 per hour • \$24.00 per hour (20% DISCOUNT) for WCHS members

(10 photocopied pages per hour included; each additional page at 25 cents per page)

| 1. | Your CONTACT INFORMATION: |
|-------|---|
| Name | <u> </u> |
| Addr | ess City State ZIP |
| Phone | e Email |
| Send | research results by (check one): U.S. Mail (\$5.00 postage fee applies) Email |
| 2. | Number of RESEARCH HOURS Requested: Postage: Total payment: |
| 3a. | If a SPECIFIC PERSON or ANCESTOR is to be researched, please complete the following: |
| Perso | on's name First Middle Surname |
| | Maiden name (if applicable) |
| | Surname spelling variations |
| Perso | on's birth and death information Year of birth Place of birth |
| | Year of death Place of death |
| Local | ity or township of residence in Washington County |
| Parer | nts' names Father Mother |
| 3b. | If a SPECIFIC SUBJECT/OCCURRENCE is to be researched, please complete the following: ription of subject/occurrence (please be specific) |
| Date | of subject/occurrence (provide a specific date or a one-year range) |
| 4. | RESOURCES ALREADY CONSULTED: |
| 5. | YOUR RESEARCH OBJECTIVE (please be specific): |