

The Danish Immigrant Museum
Family History & Genealogy Center
4210 Main St., PO Box 249, Elk Horn IA 51531-0249

Research Request
(1 person or couple per request)

(Form should be accompanied by a 2-hour retainer payable to DIM)
Research fees: \$30/hour Museum members; \$40/hour non-members

Name: _____
Address: _____
Phone: _____ Email: _____ Member? Y__N__

Name of Individual: _____

B: _____ **Place:** _____

D: _____ **Place:** _____

M: _____ **Place:** _____ **to**

Spouse: _____

B: _____ **Place:** _____

D: _____ **Place:** _____

Children/Siblings (circle one):

Name: _____ **B:** _____ **D:** _____

Name: _____ **B:** _____ **D:** _____

Name: _____ **B:** _____ **D:** _____

Emigrated: _____ **from:** _____

Residences in U.S.: _____

Information Wanted (continue on back of form or separate sheet):

Maximum no. of hours: _____ **Signature:** _____

12/2009

(for FHGC use only)
Received: _____ Computer Entry: 201____ - _____ Researcher: _____
Date completed/mailed: _____ No. of hours: _____ Microfilms @ \$5.50/Docs: _____
Copies @ \$.25: _____ Postage: \$ _____ TOTAL: \$ _____ Payment Received: _____