

## GENEALOGY RESEARCH REQUEST FORM

*Please fill out this form as completely as possible to expedite your information request.*

### Requestor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you want us to send the results to you as a PDF attachment to an email? \_\_\_ Yes \_\_\_ No

### Payment Information:

Our current rate for research services is \$15 per hour, with the first 20 minutes free. I would like to set a maximum cost for research: \$ \_\_\_\_\_

### Requested Information:

*If seeking information for multiple people, please write the requested information for each additional person in the "Additional Requests" field or on the back of the form.*

### Baptismal Record Request

Parish/city: \_\_\_\_\_

Parents (include mother's maiden name): \_\_\_\_\_

Nationality/Ethnicity: \_\_\_\_\_

List each child by name	Birth Date	Parish/City (if different from above)
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- 1.
- 2.
- 3.
- 4.
- 5.

### Marriage Record Request

Husband's name: \_\_\_\_\_

Wife's name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Nationality/Ethnicity: \_\_\_\_\_

Parish/City: \_\_\_\_\_

### Death Record Request

Deceased's name: \_\_\_\_\_

Date of death: \_\_\_\_\_

Parish/City: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mail completed form to: Diocese of Springfield in Illinois Archives  
1615 W. Washington, Springfield, IL 62702