

Genealogy Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Name(s) of the person on whom information is being sought and type of information needed:

Name(s):	Date of birth: (if known) <i>(mm/dd/yyyy)</i>	Date of death: (if known) <i>(mm/dd/yyyy)</i>	Type of information being sought: <i>(more than 1 can be requested)</i>	Fee: (\$3 per name, 10¢ for additional copies)
1.)			<input type="checkbox"/> Birth Information <input type="checkbox"/> Marriage Information <input type="checkbox"/> Obituary <input type="checkbox"/> Other: _____	
2.)			<input type="checkbox"/> Birth Information <input type="checkbox"/> Marriage Information <input type="checkbox"/> Obituary <input type="checkbox"/> Other: _____	
3.)			<input type="checkbox"/> Birth Information <input type="checkbox"/> Marriage Information <input type="checkbox"/> Obituary <input type="checkbox"/> Other: _____	
4.)			<input type="checkbox"/> Birth Information <input type="checkbox"/> Marriage Information <input type="checkbox"/> Obituary <input type="checkbox"/> Other: _____	
Total Cost:				

Special instructions or additional information:

Print this form and mail it to: Genealogy Department, Wells County Public Library, 200 West Washington Street, Bluffton, IN 46714 **or email it to** genealogy@wellscolibrary.org

Our fees are \$3.00 per name. This includes one copy plus postage. Additional copies are 10 cents each. **Payment is required before request is processed.**

Payment as follows:

Please make checks payable to: Wells County Public Library.

Credit card payments are processed through ProPay. Each transaction has a \$.50 processing fee. An email invoice will be sent to the address provided. Once payment notification is received, we will send the information.

Expect 1-4 weeks to receive an answer. Donations are accepted.

*We will accept yes/no genealogy questions via email at genealogy@wellscolibrary.org