Genealogy Request Form

Name:				
Address:				
City:			State: Zip:	
Email Address: Name(s) of the person on	ail Address: Phone #: ne(s) of the person on whom information is being sought and type of information needed:			
Name(s):		Date of death: (if known) (mm/dd/yyyy)		Fee: (\$2.50 per 15 minutes / \$10 per hour)
1.)			 Birth Information Marriage Information Obituary Other: 	
2.)			 Birth Information Marriage Information Obituary Other: 	
3.)			Birth Information I Marriage Information Obituary Other:	
4.)			 Birth Information Marriage Information Obituary Other: 	
	•	-	Total Cost:	
Special instructions or add	itional information:			

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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 \$2.50 per 15 minutes / \$10 per hour. This includes one copy plus postage. Additional copies are 10 cents each. Initial research will be limited to a maximum of 2 hours (\$20). If extensive research is required, you will be contacted.

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