

Genealogy Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name of the person on whom
Information is being sought: _____

Date of birth: _____
(If known)

Date of death: _____
(if known)

Type of information being sought: (more than 1 can be requested)

Birth Information Marriage Information Obituary

Other (please explain)

Please print off this form and mail it to:

Genealogy Department
Wells County Public Library
200 West Washington Street
Bluffton, IN 46714

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

*We will accept yes/no genealogy questions via the Internet.

Modified: 7/29/09