

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:

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.** Please make checks payable to: Wells County Public Library. Expect 1-4 weeks to receive an answer. Donations are accepted.

Credit card payments (\$1 processing fee will be added if paying by credit card):

Card type: Visa Mastercard Discover (*check one*) Name on Card: _____

Card number: _____ - _____ - _____ - _____ Expiration Date: ____/____

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

Modified: 1/31/11

