

# KINSHIP

## Research Request Form

(You may print this and mail to us with your check.)

### KINSHIP

Arthur & Nancy Kelly  
305 Cedar Heights Road  
Rhinebeck, NY 12572  
845-876-4592

Your Name: \_\_\_\_\_ DATE: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

\$50 Deposit Required (Research rate \$25/hour)

### SEARCH REQUEST FOR

(SURNAME & Full Name of Individual): \_\_\_\_\_

BIRTHDATE & Birthplace of above person: born: \_\_\_\_\_ place \_\_\_\_\_

NAME & BIRTHDATE OF SPOUSE \_\_\_\_\_ b. \_\_\_\_\_

NAMES and BIRTHDATES of CHILDREN if known:

- 1.
- 2.
- 3.
- 4.
- 5.

PARENTS or suspected Parents Names:

FATHER's NAME: \_\_\_\_\_

MOTHER's NAME: \_\_\_\_\_

Provide information as requested showing clearly the line leading to this individual.

## KNOWN INFORMATION

Please List “known information” about the ancestor for whom research is requested. Use another sheet if necessary. Be as complete as possible and cite sources.

1. BIBLE, DIARY, TRADITION:

2. CEMETERY RECORDS:

3. CENSUS INFORMATION:

4. WILLS, DEEDS, CIVIL RECORDS:

5. CHURCH RECORDS:

6. LETTERS, OTHER

Please be sure to include all information you have already uncovered.

You may state a limit on the research charge you are willing to spend before receiving a progress report.

Mail the completed form with \$50 deposit to KINSHIP, 305 Cedar Hts. Rd., Rhinebeck, NY 12572. Check payable to Kinship. Thank you. (Requests may take 6+ weeks to process)

Your Name:

Surname Request:

Time Period:

E-mail:

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