

East Bloomfield Historical Society

Research Request Authorization Form

To commission the EBHS genealogy volunteers to do research, please complete and send the "Research Request/Authorization Form" to: **East Bloomfield Historical Society, 8 South Avenue, PO Box 212, East Bloomfield NY 14443, OR** e-mail us at genealogy@ebhs1838.org and/or director@ebhs1838.org

Date: _____ Name: _____

Address: _____

Phone #: (____) _____ E-mail: _____

For research purposes, we need the type of information you are looking for. Please CHECK all that apply:

Specific individual:

First Name _____ Middle Name _____ Surname _____

If female: Maiden Name _____

Give Approximate dates for the following:

Birth _____ Marriage _____ Death _____

Parents of this person: _____ Spouse: _____

Children: _____

Requesting ALL information on:

Surname: _____

Please provide as much information as possible including names, spouse[s], dates, places and relationships, together with exactly what information you are looking for below.

I AUTHORIZE the EBHS genealogy staff to do research for _____ hours.

Signed _____ Printed Name: _____