



## GENEALOGY RESEARCH REQUEST FORM

1. WHAT YOU already KNOW about your ancestor:

- \* Help us help you by providing as much information as you can.
- \* One of these questions may be what you want us to find for you.
- \* Depending on the volume of requests for volunteers, delays are possible.

Ancestor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Any other information: \_\_\_\_\_

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2. What two specific questions do you have for our volunteers to research for you?

a. \_\_\_\_\_

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b. \_\_\_\_\_

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Your Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please print and mail this form and your \$25 research fee to:

Historical Society Of Washington County, Virginia  
P. O. Box 484  
Abingdon, VA 24212-0484

Or you can order online by following the instructions on the Research Request page of our website  
( [https://www.hswcv.org/request\\_research.php](https://www.hswcv.org/request_research.php) ).