



# Edgar County Genealogy Library

## Research Request Form

If unable to visit the library, you may request that our volunteer librarians research for you. A \$10.00 minimum research fee and a self-addressed stamped business size envelope must accompany your request. Please allow 2 – 4 weeks for response.

What information are you seeking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you already know about your ancestor/family?

Help us help you by filling in as many blanks as you can. OR include a family group sheet.  
Note: This data, along with any research done by our staff, may be added to our databases for future reference.

Ancestor Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Death date \_\_\_\_\_ Place \_\_\_\_\_

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

Father's birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Father's death date \_\_\_\_\_ Place \_\_\_\_\_

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

Mother's birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Mother's death date \_\_\_\_\_ Place \_\_\_\_\_

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

Spouse's birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Spouse's death date \_\_\_\_\_ Place \_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other information you know that may help \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Please print and mail this form with your \$10 payment to:

Edgar County Genealogy Library  
408 N. Main  
Paris IL 61944