

Paradise Genealogical Society Research Request Form
(Please Print)

Your Name _____ Date of Request _____

Your Address _____

E-Mail Address _____ Telephone _____

Ancestor's Full Name _____

Date & Place of Birth (if known) _____

Date & Place of Death (if known) _____

Spouse's Name(s) (if known) _____

Children's Name(s) (if known) _____

Areas where your ancestor may have lived _____

What goal do you wish to accomplish with this research? _____

Any additional information _____

Please mail this page and your check or money order (\$20 members/ \$30 non-members) to:-

Paradise Genealogical Society
Research Department
P.O. Box 460
Paradise, CA 95967-0460