

# Coonamble Family History Research Request

Receipt No:.....Date Rec'd:.....

**PO Box 452, COONAMBLE NSW 2829**

A stamped self addressed business size envelope, plus the initial payment of \$20 should accompany all inquiries to the Research Officer. Cheques to be made payable to Coonamble Family History Society, bank transfer on request.

## YOUR DETAILS (Please PRINT clearly)

NAME: _____	
ADDRESS: _____	
Telephone: _____	Email: _____

## ANCESTOR DETAILS (Please PRINT clearly)

(Research requested for. Answer all questions leaving no blanks – use ‘unknown’ if necessary)

NAME: _____		Year/Date of Birth _____
PLACE OF BIRTH: _____		
RELATIONSHIP TO YOU _____		
ANCESTORS FATHERS NAME: _____		
ANCESTORS MOTHERS MAIDEN NAME: _____		
LIST ALL KNOWN SIBLINGS OF ANCESTOR: _____ _____ _____		
DID YOUR ANCESTOR MARRY? WHERE _____	YES / NO (please circle appropriate) DATE _____	
SPOUSES NAME: _____		
ALL KNOWN CHILDREN OF ANCESTORS NAMED ABOVE: _____ _____ _____		
DATE OF DEATH: _____		LOCATION BURIED: _____
ANY OTHER INFORMATION KNOWN ON ANCESTOR (EG: OCCUPATION, RELIGION) _____ _____		

I confirm that I have given all information known to me at this time and that I have read and agree to the following terms and conditions of service:

I give consent to the Coonamble Family History Society to utilise this information to make further enquiries on my behalf and to use ancestral information provided to answer requests for enquiries same.

I understand the initial fee (\$20) levied is for the process of research and is not based on information found and that there is no guarantee that the relevant records exist within the Coonamble Family History Society resources to supply further information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_