

**Fitchburg Historical Society**

**GENEALOGY RESEARCH REQUEST FORM**

This is a two page form. Please print this form and fill it out. The more information you provide the easier and more successful our search will be. Then mail this form to the **Fitchburg Historical Society, 781 Main St., P.O. Box 953, Fitchburg, MA.**

01420.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_, have read the Fitchburg Historical Society Research

(Name)

Policy and I agree to pay the fees as outlined up to a limit of \_\_\_\_ hours or \$\_\_\_\_\_.

\_\_\_\_\_

(Signature)

Please describe the detailed family information on the Page 2. Then describe the research request here.

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

Fill in as much information as possible.

Fitchburg Historical Society

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Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Born \_\_\_\_\_ in \_\_\_\_\_

Died \_\_\_\_\_ in \_\_\_\_\_

Buried \_\_\_\_\_ in cemetery in \_\_\_\_\_

Married \_\_\_\_\_ in \_\_\_\_\_

To \_\_\_\_\_

Parent's Name \_\_\_\_\_

Who was born \_\_\_\_\_ in \_\_\_\_\_

Died \_\_\_\_\_ in \_\_\_\_\_

Buried in \_\_\_\_\_ in cemetery in \_\_\_\_\_

Other parent's name \_\_\_\_\_

Who was born \_\_\_\_\_ in \_\_\_\_\_

Died \_\_\_\_\_ in \_\_\_\_\_

Buried in \_\_\_\_\_ in cemetery in \_\_\_\_\_

**Children**

**Name Date of Birth Place of Birth Death**

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