

GENEALOGY RESEARCH REQUEST

1. WHAT YOU already KNOW about your ancestor:

(YOU WILL NOT BE ABLE TO FILL IN ALL THE BLANKS!

HELP US HELP YOU BY ANSWERING AS MANY AS YOU CAN.

ONE OF THESE QUESTIONS MAY BE WHAT YOU WANT US TO FIND FOR YOU.)

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: _____

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

a. _____

b. _____

Your Name: _____ email address: _____

Please print and mail this form, along with your \$20 donation, and a SASE to:

Twentynine Palms Historical Society
P. O. Box 1926
Twentynine Palms, CA 92277

Depending on volume of requests for volunteers, delays are possible.