



## Family History Society Singleton Inc.

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### RESEARCH REQUEST FORM

Full Name: (Mr/Mrs/Miss/Ms).....

Address: .....

..... Post Code .....

Phone No: ..... Signature: .....

Internet Address: ..... Email: .....

#### PLEASE COMPLETE AND RETURN RESEARCH REQUEST FORM AND RESEARCH INFORMATION SHEET

Due to email research requests lacking detail, we require these forms to be completed and returned together with a **\$36.00 Research Fee for both Emailed & Mailed responses.**

**Direct Banking Details on request or post payment PO Box 422 Singleton NSW 2330**

Alternatively, Membership is \$35.00 per year, including 3 free research requests, **plus** photocopying & stamped self addressed envelope

**Your signature on this form allows us to carry out your research and**

**PLEASE INDICATE IF YOU DON'T WANT YOUR INFORMATION USED !!**

(a) Distribute information to other same family researchers, **YES / NO**

(b) Supply your name and address to other researchers of same families, **YES / NO**  
(PLEASE CIRCLE ONE FOR (a) & ONE FOR (b))

Are you a **Current Member** of our Society? **YES / NO**