

CLARENCE RIVER HISTORICAL SOCIETY INC

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RESEARCH INQUIRY

Date: _____
Name: _____
Address: _____
_____ Post Code: _____
Phone: _____ Email: _____

Received By: **Letter []** **Phone []** **Personal Visit []** **Email []**

In order that research can be undertaken for you, would you please fill in as much information as possible on the person you require researched. **A separate form is required for each name to be researched.**

KNOWN INFORMATION

PERSONS NAME: _____

Father's Name: _____ Born: _____
Mother's Name: _____ Born: _____
Born – Date: _____ Place: _____
Died – Date: _____ Place: _____
Occupation: _____ Places: _____
Wife's Name: _____ Born: _____
Children 1: _____ Born: _____
Children 2: _____ Born: _____
Children 3: _____ Born: _____
Children 4: _____ Born: _____
Children 5: _____ Born: _____

RESEARCH REQUEST – Brief description of research inquiry

OFFICE USE

Cards [] Computer Files [] Family Files [] Laws/Bawden [] Pioneer Register [] Cemetery Indexes [] Photos []