Grove City Area Historical Society and Museum
Genealogy Research Request

Thank you for your interest in our research services. Our volunteer genealogists will conduct the research using Ancestry.com, FamilySearch.org, Findagrave.com, Mercer County Land Records, military records, census records, historical newspapers, our local resources, and more. Please fill out the request form and return it to us either by mail, email or by bringing it into our building, located at 111 College Avenue, Grove City, Pa.

Two of our genealogists are in the building Every 2nd and 4th Tuesday, mid-April to mid-December from noon to 3 p.m. If you wish to schedule a time to meet with one of our volunteers to discuss your research needs you may do so by: **Phone: 724-967-2622, Email: cathycoulter1@aol.com, Mail: P.O. Box 764, Grove City, Pa. 16127,** or **by visiting our website: www.grovecityhistoricalsociety.org**

- Please provide as much information as possible. Giving us detailed information will improve our chances for success.
- If we have any questions or need clarification, we will contact you.
- You will receive a written report from our volunteer researchers as soon as possible, but usually within 2-4 weeks.
- When we are done with our research, we will be adding a copy of your report to the Family History section of our library. If you have any objection and do not want it added please let us know and we will respect your decision.
- Please note research donations are not refundable and payment is required before research can be started. We cannot guarantee that we will find what you are looking for, nor how long it will take.

Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Send Report by: Pick Up   Email   U.S. Mail

Research Requests

Members --- 8 hours of free research, after which it is a $15.00 per hour donation. You will be contacted at the end of the 8 hours of research to see if you wish to continue the research. Please note at that time the required $15.00 will need to be sent or brought into the building before research can continue.

Non-Members --- $15.00 per hour donation (with a 1 hour minimum). When you send in this form please remember to send it in with the required $15.00 donation for the first hour of research or a completed membership form. Please note that the required $15.00 will need to be sent or brought into the building before research can begin. If, after the first hour we do not find what you requested, we will contact you to see if you would like additional research.

If you would like to become a member of the Grove City Area Historical Society and Museum, you will find membership information and membership form attached to this request form.

Copies

   Members -- $0.20 per page

   Non-Members -- $0.50 per page

Photographs – approximately $1.00 - $2.00 per photo, depending on the size.

- ☐ **I am a member of the Grove City Area Historical Society and Museum.**
- ☐ **I want to become a member. I have filled out the membership form and included a check.**
- ☐ **I am not a member and do not wish to become a member.**

Researcher_____Date:_____

Grove City Area Historical Society and Museum

Person to be researched: _____

Please indicate if you will allow us to access your tree and where we can find it. It would be helpful for our research if you would allow us access to it. If you would like assistance in doing so, please let us know.

_____ Ancestry.com _____ FamilySearch.org _____ On Paper

Describe in detail what it is you are looking for: _____

_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____

If you need more room, please feel free to add more pages
Please fill in any blanks below that you can.

Fact	Date	Location
Born		
Died		
Buried		
Married		
Residence		

Parents: | **Name** *(Please Include Maiden Name)* | *Date of Birth* | *Date of Death* |

	Name	Date of Birth	Date of Death
Father			
Mother			
Residence			

Siblings:

	Name	Date of Birth	Location	Date of Death
1.				
2.				
3.				
4.				
5.				
6.				

Spouse: Fact | Dates | Location

Name, *Please Include Maiden Name*		
Born		
Died		
Buried		

Children:

	Name	Date of Birth	Location	Date of Death
1.				
2.				
3.				
4.				
5.				
6.				