



HURSTVILLE FAMILY HISTORY SOCIETY Inc
 ABN 80 539 680 143

RESEARCH REQUEST FORM

KNOWN INFORMATION

Date:

	When	Where
PERSON's Name:	Born:	
(Father's Name):	Born:	
(Mother's Name):	Born:	
Port of Arrival: Date:	Ship:	
Died:	Buried:	
Occupation:	Date Married:	
SPOUSE's Name:	Born:	
(Father's Name):	Born:	
(Mother's Name):	Born:	
Port of Arrival: Date:	Ship:	
Occupation:		
CHILDREN		
1.	Born:	
2.	Born:	
3.	Born:	
4.	Born:	
5.	Born:	

INFORMATION REQUIRED – Continue on back of page if more space required.

YOUR DETAILS

Mr/Mrs/Miss/Ms _____ Surname: _____ Given names: _____

Address: _____

_____ Postcode: _____

Phone: _____ Email: _____

Amount enclosed: _____ Signature: _____

We only undertake to research in our local area
SEND TO: Research Officer, Hurstville Family History Society Inc.,
 PO Box 331 HURSTVILLE BUSINESS CENTRE. NSW 1481