

General Research Request Form

Please send this form along with \$25.00 payment for initial research. We will then advise if there are additional resources in our society and let you know how much extra to remit. Make check payable to The Historical Society of Schuylkill County and send to:

Research Request
Historical Society of Schuylkill County
P.O. Box 1356
Pottsville, PA 17901

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address _____

Phone: _____

Name of Ancestor (**one name per search**): _____

Birth Date and Location: _____

Marriage Date and Location: _____

Death Date and Location: _____

Years in Schuylkill County: _____

Town or Township of Residency: _____

Nationality / Religion: _____

Name of Spouse: _____

Birth Date and Location: _____

Death Date and Location: _____

** List any additional spouse/ spouses and their information on a separate sheet.

Name of Child: _____

Birth Date and Location: _____

Death Date and Location: _____

Name of Spouse: _____

Name of Child: _____

Birth Date and Location: _____

Death Date and Location: _____

Name of Spouse: _____

Name of Child: _____

Birth Date and Location: _____

Death Date and Location: _____

Name of Spouse: _____

Name of Child: _____

Birth Date and Location: _____

Death Date and Location: _____

Name of Spouse: _____

** List any additional children and their information on a separate sheet.

Exactly what information are you requesting? Please be brief and as specific as possible. Thank You.
