Name Address, Telephone, Fax, email Professional genealogist (certified) specializing in researching [list specialties]

SERVICES AND FEES

Research Service Includes

- Review of information provided by client
- Formulation of work plan
- Research and analysis
- Written report of findings, including negative findings
- Recommendations for future research
- Copies, transcriptions, or abstracts of documents, as appropriate
- Evaluation of documents
- Translations of documents (optional; additional fee)

Retainer Fee

\$__ for two-hour minimum, payable in advance; other charges will be billed upon completion
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Hourly Fee

\$__ per additional hour for services described above.

Research time includes travel and telephone and email consultations with client.

Negative findings and unsuccessful searches are charged.

Reimbursable Expenses

Postage, photocopies, parking, long-distance telephone calls and faxes, computer charges, microfilm rental, other incidental expenses; travel expenses at the rate authorized by the IRS

Name	
Address, Telephone, Fax, email	
GENEALOGY SEARCH REQUEST	
NAME:	
ADDRESS:	
PHONE: FAX EMAIL	
Please provide the following information, either on this form or on attached	l sheet(s):
NAME / NAMES to be researched (in order of priority):	
RESEARCH GOAL(S):	
I IMITATIONS (time, collectoral lines, historical pariod, etc.):	
LIMITATIONS (time, collateral lines, historical period, etc.):	
FAMILY INFORMATION: To avoid being charged for duplicate work, please	provide whatever
information you have already compiled on the person or family to be researched	. This should include
family group sheets, ancestor / descendant charts, religious affiliations, known p dates and <u>places</u> of birth, marriage, death and other significant life events, siblin	
dates and <u>praces</u> of birth, marriage, death and other significant me events, sionn	g information, etc.
RECORDS: Include copies of records you have found (census, land, church, vit	tal records etc.).
AGREEMENT: Enclosed is a check for the initial retainer fee of \$ for a tw Additional hours are authorized. Balance for additional time and / or	
expenses are payable upon completion of the research. It is understood that tim	
findings is also charged.	
SIGNATURE: DATE:	