

Luzerne County Historical Society  
49 South Franklin Street  
Wilkes-Barre, PA 18701

**Genealogical Research Form**

Please **type** or **clearly print** the information on this form. The search includes up to 8 photocopies and is limited to one hour of research. You will be billed 25¢ per page for additional copies. Requests are answered in the order they are received. Please allow 4 – 6 weeks.

Mail this form along with payment (Member \$20 / Non-member \$25 ) and two first class postage stamps to the address above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Ancestor ( **one** name per search ): \_\_\_\_\_

- include middle name or initial

Maiden Name: \_\_\_\_\_

Birth Date and Location: \_\_\_\_\_

Marriage Date and Location: \_\_\_\_\_

Death Date and Location: \_\_\_\_\_

Years in Luzerne 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 to the point.**