

PLEASE SUBMIT WRITTEN REQUESTS TO:

Columbus Public Library, Genealogy Dept.
3000 Macon Rd.
Columbus, GA 31907
genealogy@cvlga.org

Genealogy Research Request Form

Please print and complete this form when requesting research.

Your Name: _____

Full address: _____
(Number, Street, Apt. or Suite #)

(City) (State) (Zip Code)

Telephone number: _____ **Email:** _____

I understand that there will be a research fee of \$5.00 per request, which includes up to one hour of research, postage and up to 5 pages of photocopying, payable by check to the Columbus Public Library. (Please write "Genealogy Research" on the memo line.)

Signature: _____ **Date:** _____ **Librarian:** _____

Please provide as many details as possible about the individual to be researched:

Name of person you are researching: _____

Date of Birth: _____ **Place of Birth:** _____

Date of Marriage: _____ **Place of Marriage:** _____

Date of Death: _____ **Place of Death:** _____

Father's Name: _____ **Mother's Maiden Name:** _____

Spouse's Name: _____

Names of Children: _____, _____

_____, _____

Please describe what you want to know about this ancestor, as completely and specifically as possible.

Additional information you feel would be helpful: