

Research Request Form

Please use this form and send it with payment to the address listed below. The fee for this service is \$20.00, per person, regardless of DAR, SAR, membership, and must be paid in advance. Photocopies are .25 cents each.

Make check payable to John Fox, Jr. Genealogical Library.

Remember to allow time, and time in the mail.

Our staff is all volunteer.

Thank you.

John Fox, Jr. Genealogical Library

323 High Street

Paris, KY. 40361

foxlibrary@bellsouth.net

Please Type or Print: *

DATE: _____

***Name:** _____

***Address:** _____

*** Telephone #** _____ **Cell#** _____

*** Email address** _____

Please state your research question and be as specific as possible.

***Full Name of ancestor** _____

***Dates of birth, death, and location** _____

***Where did they live last, Town, County, and State**

***Any other information** _____