



**RESEARCH REQUEST**

Wyalong District Family History Group Inc  
Research Officer  
PO Box 73, WYALONG 2671.

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

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

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

Specific Request. : \_\_\_\_\_

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Information that will help in the research (Family names, and details)

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Research Fee: \$20 per hour or part thereof on behalf of non-member. Fee is to accompany the request. Because the Group is a fully volunteer organization, we will make every effort to help, but we cannot guarantee satisfactory results each time

Fee included:	Signed:	Date:
Researcher:		
Hours taken Total Fee:		
Results/ what was sent :		