

Order Form – Pennsylvania State Archives Search

Client Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Subject Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Burial: _____

Parents: _____

Ethnicity: _____ Religion: _____

Occupation: _____

Spouse: _____ Date of Marriage: _____

Date of Birth: _____

Place of Birth: _____

Ethnicity: _____

Religion: _____

Date of Death: _____

Place of Burial: _____

Please list additional spouses on the back of this form.

Children:

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____ 10 _____

Pennsylvania County(ies) of Residence: _____

Please provide a clear description of your specific research goal(s):

I understand that the \$150 fee for this research package pays only for the time, expertise, and activities of the researcher and that no specific results are implied or guaranteed. I also understand that this package takes anywhere from 2 to 4 weeks to complete.

Signature: _____

Date: _____

Checks are to be made payable to: Stephanie Hoover
5806 Severna Place
Harrisburg, PA 17111