

## Order Form – Pennsylvania State Library 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 \$175 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 4 to 8 weeks to complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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