

ORDER FORM
The Ultimate Pennsylvania Research Package

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 _____

6 _____ 11 _____

7 _____ 12 _____

Pennsylvania County(ies) of Residence: _____

County of choice for on-site research: _____

If it is possible, in addition to any feasible cemetery/tombstone photos, I would like a photo of:

I understand that the \$2,500 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 8 to 12 weeks to complete.

Signature: _____

Date: _____

Circle one: Enclosed please find my check in the amount of \$2,500.

Enclosed please find my check in the amount of \$1,250. A second check for the \$1,250 balance due will be mailed within the next 30 days. I understand that no research results will be reported until this balance is paid in full.

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