



PASSAIC COUNTY HISTORICAL SOCIETY

3 Valley Road, Paterson, NJ 07503 • Ph. 973-247-0085 • Fax: 973-881-9434
E-mail: Library@LambertCastle.org • www.lambertcastle.org

Genealogy/Historical Research Request Form

Please conduct a 1 hour search for \$25.00. I would also like ____ additional hour(s) of research at: \$10.00 per hour, PCHS Member. \$25.00 per hour, Non-Member.

Enclosed is my payment of \$ _____.

Name : _____ PCHS Member #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Phone: (_____) _____

Method of Payment: Check Money Order Credit Card: Visa MasterCard AmEx

Card #: _____ Exp.Date: _____

Signature: _____

I am interested in: Genealogy Research Historical Research *(please list subject below)*

Name of Ancestor (one name per search): _____

Birth Date and Location: _____

Marriage Date and Location: _____

Death Date and Location: _____

Years in Passaic County: _____

Town or Township of Residency: _____

Nationality / Religion: _____

Name of Spouse: _____

Birth Date and Location: _____

Death Date and Location: _____

Please list any additional information about your family or subject, including spouse/spouses, children and their information below or on a separate sheet.

STAFF ONLY BELOW THIS LINE

CONTRACT #: _____ DATE RECEIVED: _____ DATE COMPLETED: _____ RESEARCHER: _____