## **CLARENCE RIVER HISTORICAL SOCIETY INC.**

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## **RESEARCH REQUEST FORM**

RESEARCH FEE	YOUR CONTACT DETAILS
Research requests by mail or email must be accompanied by	Name:( Mr, Mrs Miss, Ms)
a cheque or direct deposit of	Address:
\$25. <u>Please show your mailing</u> address.	
Make cheques payable to	
Clarence River Historical Society Inc.	Postcode:
For Direct Deposit	Phone:
CRHS BSB 637-000 A/c	Email:
718374995. Use your name as Reference.	Amount enclosed: \$ Date:
Research Officer Use only	Direct Deposit Reference & Date Paid:
Date received:	
Amount enclosed:	
Date Completed:	To help you get the most out of your research request and also assist us to locat
Date sent back:	information quickly, please fill in the details below with as much information as you ca that you already know from sources you have checked yourself.
Researcher/s	Please note: the fee payable is a research fee and is not refundable.
Full name of the person to be researched:	
Birth Date: Place: Source:	
Marriage date: Place: Source	
Death Date: Place: Source:	
Occupation:	
Names of parents of person to be researched:	
Father: Mother	
Name of spouse:	
Names of children of this marriage:	
The specific information you require:	
Other information you have: (Use back of form if necessary)	