

Eagle Historical Society

GENEALOGY RESEARCH REQUEST FORM

This is a two page form. Please print this form and fill it out. The more information you provide, the easier and more successful our search will be. Then bring it with you to the **Eagle Historical Society, 217 Main Street, PO Box 454, Eagle, WI 53119.**

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Tel. _____ Fax _____

(Signature) _____

Please describe the detailed family information on the Page 2. Then describe the research request here.

Fill in as much information as possible.

Eagle Historical Society

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Family Name _____

First Name _____

Born _____ in _____

Died _____ in _____

Buried _____ in cemetery in _____

Married _____ in _____

To _____

Parent's Name _____

Born _____ in _____

Died _____ in _____

Buried _____ in cemetery in _____

Other parent's name _____

Who was born _____ in _____

Died _____ in _____

Buried in _____ in cemetery in _____

Children

Name Date of Birth Place of Birth Death

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____