## **NCIGS Research Request**

YOUR NAME:				
ADDRESS:				
CITY, STATE, ZIP:				
PHONE:				
E-MAIL ADDRESS:				
	Information abo	ut person yo	u want us to res	earch:
First	Middle		Last Name	
Birth date:		_ (spell out the month) Maiden Name		
Birth location: City		County	State	Country
Death date:			(spel	l out the month)
Death location: City		County	State_	Country
Marriage date:			(s <sub>]</sub>	pell out the month)
Marriage location: City		County	State_	Country
Father's	full name:			
Mother's full	name (include n	naiden name	•	
	full names:			
_				

Please use the print command above for saving or printing this page.

Please <u>specify</u> exactly what you want us to find for you and what resources you've already researched. Be specific, as we do not want to waste your money repeating research you've already completed.

Email: research@ncigs.org or Mail to:
North Central Iowa Genealogical Society
P. O. Box 237
Mason City, IOWA 50402-0237