

# Rock Island County Historical Society

## RESEARCH REQUEST FORM

Name to be searched: \_\_\_\_\_

Genealogical Research     Historical Research     Obituary

The research fee is \$15 per hour for non-members. Members pay \$12/hour. Postage and copies are not included in the fee. After the research is complete, our researchers will notify you of the cost of postage and copies.

Obituaries located in the RICHS Obituary Database on the RICHS website are \$5.00. Please list the name, date of death, book and page number with your request. Obituaries after 1920 with the exact month, day, year, and place of death are \$7.00 each. Obituaries before 1920 with the exact month, day, year, and place of death are \$10.00 each (before 1920, newspaper print was printed with extremely small print, and their obituaries were printed inconsistently, on inconsistent pages, making them difficult and time consuming to locate). There are no guarantees that an obituary was published.

If the death date is incorrect or incomplete, your request will be subjected to the hourly researching fee. Obituary requests will be sent via e-mail. Researchers wanting the obituary mailed to them must provide a SASE with the fee.

I have enclosed \$ \_\_\_\_\_ for \_\_\_\_\_ hour(s) of research.

I have enclosed \$ \_\_\_\_\_ for \_\_\_\_\_ obituaries.

I authorize an additional \_\_\_\_\_ hour(s) of research, if merited.  
Please advise me in advance. E-mail address: \_\_\_\_\_

Please check (✓) each genealogical information that you are seeking.

|   | Approximate Date | City/County/State/County Birth |
|---|------------------|--------------------------------|
| <input type="checkbox"/> Birth                | _____            | _____                          |
| <input type="checkbox"/> Marriage             | _____            | _____                          |
| <input type="checkbox"/> Death                | _____            | _____                          |
| <input type="checkbox"/> Name of spouse       | _____            | _____                          |
| <input type="checkbox"/> Death year of spouse | _____            | _____                          |

Please include this form with your letter with any other information that you feel might be helpful to us.

Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

Printed name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_