

Research Assessment Application Form

Please Note: the application form below contains fields for various types of information to facilitate an efficient and worthwhile assessment of your research project. The applicant will complete Parts II-IV of the form. You don't have to have information in all fields, however, it is essential that you complete those marked with an asterisk (*). In addition you should have the name of at least one parent, or names of spouses or children, otherwise there is going to be great difficulty in extending your search. Likewise, unless your ancestor's or descendant's surname was extremely uncommon, simply entering "Canada", "Scotland", "England" or "Ireland" for example in the birth place field is going to be pointless.

Part I: To Be Completed by Office

Case Name:	
File Reference Number:	
Start Date:	
Completion Date:	
Budget Limit:	
RT:	
Initial Response Date:	
CC Approval Code:	



Part II: To Be Completed by Client

Date of application:*	
Name of applicant:*	
E-mail address:	
Your reference number:	
Full mailing address:	
Daytime telephone number:	
Evening telephone number:	
Fax number (if any):	
Intended method of payment:	 Cheque Credit Card Money Order Wire Transfer Clickbank/PayPal Purchase Ticket Number Enclosed/Paid Retainer
Services/products	o Yes
information packet?	o No



Part II: To Be Completed by Client

Turt III To be completed by	y Chefit
Brief detail explanation of	
search objectives:*	
Brief detail explanation of	
search objectives:*	
Ancestor's/descendants full	
name:*	
Occupation:*	
Religion:*	
Birth date (approx):*	
Birth place:*	
Father's full name:	
Father's occupation:	
Mother's full maiden name:	
Brothers & sisters' names:	
Marriage date (approx):*	
Marriage place (approx):*	
Spouse's full maiden	
name:*	
Subsequent marriages (full	
names, dates & places of	
marriage):	
Death date:	
Death place:	

(Cont'd on next page)



Burial date (approx):	
Burial place:	
Name of cemetery interred	
in:	
Details of children (names,	
dates & places of birth):	
Immigration/emigration	
date (approx):	
Port of exit:	
Port of entry/destination:	
Was he/she accompanied	
(names & relationships of	
fellow emigrants):	
Last known place of	
residence (and approximate	
year):	
Additional data (include	
details that you think may	
be helpful):	



Part II: About Your Research

Please tick any of the following sources you have already tried applicable to this search.

Oral tradition	Burial internment registers
Documentation in family possession	Death certificate
Census returns	Marriage certificate
Land research	Church marriage register
Will/probate records	Birth certificate
Passenger lists	Baptismal register
Naturalization papers	Records in LDS library
Transportation records	Records in other repositories (list sources & repositories consulted)
Newspaper obituary announcements	Work by a professional researcher in your country
Gravestone inscriptions	Work by a professional researcher outside your country

Please tick any of the following you intend to pursue.

Visit the search country to do your own research	Pursue your own research as far as
research	possible in your own country
Commission research in advance of a	Trace living descendants of this
visit	subject/family
Commission research without visiting	Contact others researching this
search country	subject/family

Application Date:*	
Signature:*	

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