

ABN - 60 860 936 626

QFHS Inc., PO Box 171 Indooroopilly QLD 4068 Australia

Ph: +61 7 3355 3369 www.qfhs.org.au

## **EXTENDED RESEARCH REQUEST**

Please complete this form and forward it with the appropriate fee (minimum of one hour's research). Fees: \$20.00 per hour for members, \$40.00 per hour for non-members.

## Please print

-							
Title	Given Na	mes	Family Name				
Postal Address/Street			Telephone number including codes				
City/Suburb/Town			QFHS Membership No				
State/County		Postcode	Email				
Country			Date of request				
Please contact me by  Email  Duration of research  I wish to limit the research to hours max. or  I wish to be given an estimate of the time required  The Society will accept payment in advance by  Personal or bank cheque (AUD\$ or GB£)  Credit Card  Money order (AUD\$)							
Amount paid:							
Cardholder's name:  Cardholder's signature:							
Credit Card Number:							
Expiry date/ CCV No Visa/Mastercard (please circle)							
Objectives Please state succinctly what you wish to find out. Include additional pages if necessary.							

## **Known information**

Provide as much information as possible about the person to be researched. Tell us what sources you have consulted so that the researchers do not cover old ground. Attach copies of any documents (certificates, computer printouts, etc.) **Do not send original documents.** Include additional pages if necessary.

Person's Name (Maiden	name for females):				
Date and place of birth:_		Source	Source:		
Date and place of marriage:			Source:		
Date and place of death:		Source	<u>:</u>		
Father's name:		Birth date:	Death date:		
Mother's name:		Birth date:	Death date:		
Spouse's Name (Maiden	name for females):				
Date and place of birth:_		Source	<u> </u>		
Date and place of death:		Source	:		
Children's names and de	etails:				
Additional information (	include any sources consu	ılted):			
Official use only.					
Date Received	Receipt Number	Date Processed	Date Replied	Signature	
	l		1	l	