



# COFFS HARBOUR DISTRICT FAMILY HISTORY SOCIETY INC.

ABN 22 081 981 363

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## RESEARCH REQUEST FORM

### Research Fee:

\$30 which includes 2 hours research and 10 copies of information located which would be mailed or emailed to you.  
Additional research is \$10/hour plus 30 cents/page for photocopying.  
Please make cheques payable to CHDFHS Inc. **OR**  
For Direct Deposit to:  
BSB 533-000 A/c 106393 using your name as a reference.  
Please mail or email the Form (details as above).

### YOUR CONTACT DETAILS:

Name: (Mr/Mrs/Miss/Ms) .....

Address: .....

..... Postcode: .....

Phone: .....

Email: .....

Amount encl: \$..... Date: .....

Direct Deposit Reference & Date Paid: .....

Please complete the details of your research request below. To assist us in locating information, please supply all details you already know and also include the source of those details.

### Full name of person to be researched:

.....

Birth Date: ..... Place: ..... Sources: .....

### Parents of person to be researched:

Father: ..... Mother: .....

Marriage Date: ..... Place: ..... Sources: .....

Name of Spouse: .....

Death Date: ..... Place: ..... Sources: .....

Names of their children: .....

Any specific information required: .....

Other information you have: .....

.....

If insufficient space, please attach any other relevant documentation.

DISCLAIMER: Coffs Harbour District Family History Society Inc. will make every effort to ensure the information we provide is correct; we accept no responsibility for any inaccuracies that may occur.

### Society use only:

Date received: ..... Rec. No. .... Date completed: ..... Date sent to enquirer: .....