Annie Halenbake Ross Library 232 West Main Street Lock Haven, PA 17745

Phone: 570-748-3321 Fax: 570-748-1050 www.rosslibrary.org

| Date: | |
|-------|--|
| | |

| Genealogy Work Order | | |
|--|--|--|
| Client Information | | |
| Client Name: | | |
| Home Address: | | |
| Phone: | | |
| Email: | | |
| Preferred Method of Contact: Phone (time: _ |) | |
| Disclosures to Client regarding Fees for Ser | vices – Review when taking an order. | |
| Copy service charges: 10¢ per photocop Postage charges: \$2.00 per quick search p | b. Cemetery Index c. Previous Searches 25¢ per computer printout | |
| Query Information Name(s) of Person(s) in Question. Include any Submit additional sheets as necessary. | known/identifying information. | |
| Name: | Name: | |
| DoB & Place: | DoB & Place: | |
| Relations (who & how): | Relations (who & how): | |
| Notes: | Notes: | |
| Relation to Client: | Relation to Client: | |