

BERKS HISTORY CENTER

HISTORICAL SOCIETY MUSEUM • HENRY JANSSEN LIBRARY

GENEALOGY RESEARCH FORM

Please complete this form and mail it with your research fee to:

The Berks History Center
Attn: Henry Janssen Library
940 Centre Avenue
Reading, PA 19601

Please make checks out to:

The Berks History Center

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Fee Enclosed: \$25 Member Fee \$35 Non-Member Fee

Please indicate in the space below (and back if needed) what information you are seeking. Please be as specific as possible. REMINDER: We CANNOT perform original research to seek a conclusion.

Name of Individual (1 Surname): _____

Birth date and location (if known): _____

Death date and location (if known): _____

Name of spouse(s) and dates (if known): _____

Name of children and dates (if known): _____

What information are you seeking? _____
