



Research Request (1 person or couple per request)

(Form should be accompanied by a 3-hour retainer payable to Museum of Danish America) Research fees: \$40/hour Museum members; \$50/hour non-members

Name: Address: Phone: Email: Member? Y__N__

Name of Individual:

B: Place:

D: Place:

M: Place: to

Spouse:

B: Place:

D: Place:

Children/Siblings (circle one):

Name: B: D:

Name: B: D:

Name: B: D:

Emigrated: from:

Residences in U.S.:

Information Wanted (continue on back of form):

Maximum no. of hours: Signature: Date:

(for GC use only) Received: Computer Entry: 202 - Researcher: Date completed/mailed: No. of hours: Microfilms @ \$5.50/Docs: Copies @ \$.25: Postage: \$ TOTAL: \$ Payment Received: