|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Who is Requesting Information | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
| Address: |  | | | | | | | | | | |
| Phone: |  | | | Email: | |  | | | | | |
| Member of the Museum? | | Y N | | If no, are you interested in becoming one? | | | | | | | Y N |
| Form must be accompanied by **a 3-hour retainer** payable to Museum of Danish America.  Research fees: $40/hour Museum members; $50/hour non-members. **Is retainer included?** | | | | | | | | | | | Y N |
| Ancestor Information (1 person or couple per request form) | | | | | | | | | | | |
| Name (including maiden if female): | | | |  | | | | | | | |
| Birth: |  | | | Place: | |  | | | | | |
| Death: |  | | | Place: | |  | | | | | |
| Marriage: |  | | | Place: | |  | | | | | |
| Immigrated? |  | | | From? | |  | | | | | |
| Residences: |  | | | | | | | | | | |
| Spouse Information | | | | | | | | | | | |
| Name (including maiden if female): | | | |  | | | | | | | |
| Birth: |  | | | Place: | |  | | | | | |
| Death: |  | | | Place: | |  | | | | | |
| Immigrated? |  | | | From? | |  | | | | | |
| Children or Sibling Information (circle one) | | | | | | | | | | | |
| Name: |  | | | Birth: |  | | | Death: | |  | |
| Name: |  | | | Birth: |  | | | Death: | |  | |
| Name: |  | | | Birth: |  | | | Death: | |  | |
| Name: |  | | | Birth: |  | | | Death: | |  | |
| What Information Is Wanted? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Maximum hours of research you’re requesting:** | | | | |  | | | | | | |
| **Final fees will be a total of research hours, print outs (.25 per page), and postage.** | | | | | | | | | | | |
|  | | |  | | | | | | | | |
| **Signature:** |  | | | | | | **Date:** | |  | | |

**PAYMENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| How are you paying your retainer fee? | * Check | * Credit Card | * Money Order |

If you are paying by check, please include it with the research request form being sent by mail. **If you are submitting the form by email, you can send the check on its own through the postal service. Just make a note of it in the email.** Research can begin upon its receipt.

If you are paying by credit card, please fill out the following information and submit with the request form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Credit Card Payment** | |  |  | | --- | --- | | Date | \_\_\_\_\_\_\_\_\_\_\_\_ | | Staff Initials | \_\_\_\_\_\_\_\_\_\_\_\_ | | Amount | \_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Provided** |  | | | **Number of Hours** |  |
| **Charged to** |  | | | **Card Type (Visa, MC, etc)** |  |
| **Address** |  | | | | |
| **Card Number** |  | | **3-Digit Security Code** | |  |
| **Expiration** |  | **Phone Number** |  | | |
| **Notes** |  | | | | |