



museum of  
danish america

GENEALOGY CENTER

DANISHMUSEUM.ORG | 4210 MAIN STREET, PO BOX 249, ELK HORN, IA 51531 | 712.764.7008

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## Translation Request

(Form should be accompanied by a 1-hour retainer payable to the Museum of Danish America)  
Translation rates: \$40/hour Museum members; \$50/hour non-members; postage will be added

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Member? Y\_\_ N\_\_

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### I. Payment Information (form to be accompanied by a minimum 1-hour retainer)

Maximum no. of hours authorized: \_\_\_\_\_

a check or money order for \$ \_\_\_\_\_ is enclosed.

I authorize my credit card to be billed for \$ \_\_\_\_\_

MasterCard \_\_\_ Visa \_\_\_ Card #: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_

Expiration date: month \_\_\_\_\_ year \_\_\_\_\_ 3-digit code (on back) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Please circle one:

I **ALLOW** / **DO NOT** allow a copy of the translated material to be added to the collections of the Danish Immigrant Museum.

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For office use only: