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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BRICK WALL PACKAGE: This package is for is those who have been doing research on their own and have gotten stuck. This is known as a brick wall in research. To help you overcome it, we will review the existing work to ensure its accuracy. We will then conduct additional research and attempt to overcome your brick wall.You will get a research report, family tree, copies of documents found, and translated documents from Denmark if found. | | | | | | | | | | | |
| 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 non-refundable deposit** payable to Museum of Danish America. For this package, deposit fee is **$400.00**. **Is deposit included?** | | | | | | | | | | | Y N |
| Ancestor Information (1 person 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: | |  | |
| Additional information or comments | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **\*\*Final fees will be the remaining amount of your package cost plus postage.\*\*** | | | | | | | | | | | |
|  | | |  | | | | | | | | |
| **Signature:** |  | | | | | | **Date:** | |  | | |

**PAYMENT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| How are you paying your deposit fee? | * Check | * Credit Card |

* 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, but **please make note of this on the research form**. 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. If you are submitting the request form by email, you can send this payment form on its own through the postal service, but **please make note of this on the research form**. Research can begin upon its receipt.

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

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

**Return by E-Mail:**

genealogy@danishmuseum.org

Subject: Research/Translation Request

**Return by Mail:**

Research/Translation Requests

Museum of Danish America Genealogy Center

PO Box 249

Elk Horn IA 51531-0249