



museum of
danish america

GENEALOGY CENTER

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

Translation Request

(Form should be accompanied by a 1-hour retainer payable to the Museum of Danish America)
Translation rates: \$30/hour Museum members; \$40/hour non-members; postage will be added

Name: _____

Address: _____

Phone: _____ Email: _____ Member? Y__ N__

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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