

# GENEALOGY SEARCH REQUEST



Welcome the stranger.  
Protect the refugee.

## PERSON SOUGHT:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Name (s): \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (if unknown, approximate year): \_\_\_\_\_

Place of Birth (country, region, city): \_\_\_\_\_

Father's First and Last Name: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_ Father's Place of Birth: \_\_\_\_\_

Mother's First and Last Name: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Mother's Place of Birth: \_\_\_\_\_

List below all accompanying family members:

First and Last Name	Relationship to the person sought	Date and Place of Birth	Occupation
1.			
2.			
3.			

Date of arrival to country of immigration: \_\_\_\_\_

Country and city of immigration: \_\_\_\_\_

Port of entry & ship name: \_\_\_\_\_

List below all members of the family, who were born in the U.S.:

First and Last Name	Relationship to the person sought	Date and Place of Birth	Occupation
1.			
2.			
3.			

Last known address: \_\_\_\_\_

Date of last communication: \_\_\_\_\_

Other important information: \_\_\_\_\_

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*We replanted your family tree®*

## INQUIRER:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country and city of birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other information: \_\_\_\_\_

Relationship to the person sought: \_\_\_\_\_

Did HIAS help you, your family, or your ancestor come to the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you are filling out this form on behalf of another person and would like us to contact him/her directly, please provide alternate contact information below.**

First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other information: \_\_\_\_\_

Relationship to the person sought or inquirer: \_\_\_\_\_

The person(s) being sought must give consent for contact information to be released to the inquirer. We would like to assure you that although we will do our best to get the positive results, the outcome of a Location search cannot be guaranteed.

By signing this form, you hereby acknowledge and agree to all of the terms and conditions contained herein, and you certify that you are the person requesting this information.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT AND SIGNATURE:

Please return this completed form with check or money order of nonrefundable \$100.00 payable to HIAS to the following address:

**HIAS Location Service**  
**1359 Broadway, Suite 810**  
**New York, New York 10018**

If you would like pay by credit card, please provide us with the following information and send this form by email to [sherly.postnikov@hias.org](mailto:sherly.postnikov@hias.org) or by fax at 212-967-4443.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount \_\_\_\_\_

Cardholder name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Day Time Phone#: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature required

\_\_\_\_\_  
Date

**HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION** by entering credit card info below, or go to [HIAS.org/donate](https://www.hias.org/donate) to make an online contribution.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount \_\_\_\_\_

Cardholder name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date: \_\_\_\_\_

Day Time Phone#: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature required

\_\_\_\_\_  
Date