

# 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®*

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## 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: \_\_\_\_\_