GENEALOGY
SEARCH REQUEST

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:

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Relationship to the person sought</th>
<th>Date and Place of Birth</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>3.</td>
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</tr>
</tbody>
</table>

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.:

<table>
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<tr>
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</tbody>
</table>

Last known address: ________________________________________________________________
Date of last communication: _______________________________________________________
Other important information: _______________________________________________________

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 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 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
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Cardholder name ___________________________________________
Credit Card Number _________________________________________
Expiration date: __________________________________________
Day Time Phone#: _________________________________________

___________________________   ____________
Cardholder’s Signature required    Date