



Cairns & District Family History Society Inc.

PO Box 502, Manunda Qld 4870 Telephone: (07) 4031 8118

Email: research@cdfhs.org

Web: www.cdfhs.org

ABN: 52621991989

Research Request Form

Initial Fees:

Non Member: \$25 per hour or part or there of plus photocopying.

Members : \$20 per hour or part there of plus photocopying.

The research officer will advise if there are additional charges after the initial assessment

Please enclose initial payment of \$25/\$20 with Research Request Form.

Cheque or money order made payable to: Cairns and District Family History Society Inc.

Please PRINT clearly all information

Your Details:

Mr/Mrs/Miss/Ms..... Surname: Given name:

Address

..... Postcode:.....

Email address:..... Date:.....

Amount enclosed: Signature:

Please indicate: Member Non Member

YOUR ANCESTOR'S DETAILS

Please fill in as much information as possible about the person you are asking to be researched.

Name

DOB..... Place.....

Marriage date Place.....

Death date Place.....

Occupation

Possible place residing.....

Date arrived Far North Qld Date left Far North Qld

Father Mother

Name of Spouse

DOB Place

Death date Place

Father Mother

Occupation

Possible place residing.....

Date arrived Far North Qld Date left Far North Qld

