

**Research Request Form  
IGSW Members Only**

**Irish Emigration Library  
2133 West Wisconsin Avenue  
Milwaukee, Wisconsin 53233-1910**

Name: \_\_\_\_\_

Address: (Including ZIP) \_\_\_\_\_

\_\_\_\_\_

Phone (With Area Code) \_\_\_\_\_ e-mail \_\_\_\_\_

Research Subject \_\_\_\_\_ Sex \_\_\_\_\_  
(One only – if person both First and Surname)

If known: Co. In Ireland \_\_\_\_\_ Parish \_\_\_\_\_

Townland \_\_\_\_\_ Birth \_\_\_\_\_ Death \_\_\_\_\_

Port of arrival and approx. date of emigration \_\_\_\_\_

State Question/Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have a Family Group Sheet that includes the search subject please send it along with any other information that you feel will assist the researcher.

Please check type of search requested: (See reverse side for explanation of a search)

Search 1 \_\_\_\_\_ Search 2 \_\_\_\_\_ Search 3 \_\_\_\_\_ Search 4 \_\_\_\_\_

Search 5 \_\_\_\_\_ Search 6 \_\_\_\_\_ Search 7 \_\_\_\_\_ CDs \_\_\_\_\_

Cost for Members of IGSW \$4.00 per search

Enclose a check for number of searches \_\_\_\_\_ X \$4.00 = \_\_\_\_\_

Send a check payable to the *Irish Emigration Library* at the above address. Note: Fee will cover copy and mail costs. When possible our reply will be made by e-mail. Every effort will be made to fill your request. However, fees are not refundable.

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For Staff Use Only -- Date Received: \_\_\_\_\_ Request No. \_\_\_\_\_

Name of Researcher: \_\_\_\_\_

Date Started \_\_\_\_\_ Date Completed \_\_\_\_\_