

ICAP: GENEALOGY RESEARCH REQUEST FORM

Please complete the information below and fax it to our dedicated line 1-847-253-0295. We will reply to you within 48 hours regarding the feasibility of your research, the price for the service and the order form and instructions. All quotes for service are valid for 30 days.

The research includes a written summary of the finds along with citations and copies of indexes data located. The research does not include obtaining certified copies of Vital Records needed for dual citizenship. Certified copies can be ordered for an additional fee if the Vital Record entry is located in our research.

CLIENT NAME _____

Email address: _____ **Phone:** _____

RELATIONSHIP TO ANCESTOR BEING SEARCHED: _____

Ancestor Information

PLEASE **TYPE OR HAND PRINT** AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE

FIRST AND LAST NAME OF ANCESTOR (maiden if known):

OTHER NAMES USED IN THE U.S. or Italy:

Indicate the Type of Search that you are seeking:

- Marriage (approximate year or range) _____ Location US/Italy _____
- Birth (approximate year or range) _____ Location US/Italy _____
- Death (approximate year or range) _____ Location US/Italy _____
- Military (approximate year or range) _____ Location US/Italy _____
- Immigration into the US (approximate year if known) _____

*** If arrival date is unknown, please check choices below.**

Before 1906 _____ 1906-1924 _____ 1925-1940 _____
post 1940 _____

SPOUSE'S NAME (Include maiden known): _____

CHILDREN'S NAMES: _____

PARENTS' NAMES (if known): _____

ALL PLACES OF ANCESTOR'S DOMICILE IN ITALY AND/OR US

Italy: Please include town, province and region

Italy: Please include town, province and region

US: Please include city, county, and state.

US: Please include city, county, and state.

ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN YOUR RESEARCH REQUEST.
