Tri-City Genealogical Society Research Request Form

Your Information		
Name:		
Address:		
City:	State:	Zipcode:
Phone: ()		
Email:		
Name on Record, include variations		
Full Name	Event	: Date
Event Place		
Resource		
Notes		
(For Example: Albert Jones (Johns), Died 12 Dec 2027.)		
Send your research request, with a check and	d an SASE (for paper c	opies), to

Tri-City Genealogical Society Attention TCGS Researchers P.O. Box 1410 Richland, WA 99352-1410