Research Services

- 1. The Columbia County Historical & Genealogical Society is a volunteer-run organization. Therefore, research services are offered as time and resources allow. We appreciate your patience and understanding.
- 2. Our services include genealogical and historical research utilizing resources available in the Society's collection. Examples of these resources include, but are not limited to:
 - Regional histories
- Tax lists
- Church records
- Census records
- Cemetery records
- Naturalization records
- Surname files
- Birth, baptism, death, and marriage notices
- 3. Additionally, we perform limited research at the Columbia County Courthouse to locate the following record types:
 - Marriage licenses
 - Wills
 - Deeds
- 4. Please be complete in providing the information requested on the research forms. A full and detailed description of your research request is important in helping the researcher find the information you are requesting.
- 5. Please fill out a separate research request form for each specific research request.
- 6. Research fees are non-refundable in the event of volunteers are unable to answer questions or find relevant information. This is to cover the time and effort spent by volunteers, and we will not confirm possession in our collection before payment. We recommend using our search database on our website before sending a request to ensure we have information and speed up the research process. Our website is not all-inclusive.
- 7. Please allow four to six weeks for a reply.
- 8. Make your check payable to Columbia Co. Hist. & Gen. Society or CCHGS.

Columbia County Historical & Genealogical Society 50 West Main Street, Bloomsburg PA 17815-0360 Email: research@colcohist-gensoc.org Telephone: 570-784-1600

Genealogical Research Request Form

| Name of Person to be Res | earched: | | | | | | |
|--|---|--|--|--|--|--|--|
| Birth date: Place of birth: | | | | | | | |
| Death date: Place of death: | | | | | | | |
| Name of Spouse: Marriage Date: | | | | | | | |
| Birth date: Place of birth: | | | | | | | |
| Death date: Place of death: | | | | | | | |
| Research Question (Please | e be specific as to what information you would like): | | | | | | |
| | lready know (ex. names of the parents, siblings, town/township where they lived, where buried, etc.): | | | | | | |
| | | | | | | | |
| | For additional information, please use new pages | | | | | | |
| Please check if you have a | already used these resources: | | | | | | |
| Ancestry.com | Newspapers.com FindaGrave.com Other: | | | | | | |
| research is undertaken and it hourly rate is \$10.00. You win additional charges will be seen calling the front desk at 570- | 15.00 and must be prepaid and received before research begins. It must be prepaid before any is non-refundable. If extra time is needed to complete the research and is authorized, the additional fill be billed a copy charge of \$0.30 per page and postal fee of \$2.00 if applicable. Notice of these nt, and payment is required before forwarding your copies. Payments may be made via PayPal, by 784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. are responsible for membership copy charges of \$0.15 each and postage charges only. | | | | | | |
| Name: | Member: Y N | | | | | | |
| | Date: | | | | | | |
| City: | State: Zip: | | | | | | |
| Telephone: | Email: | | | | | | |
| I wish to have no more that | an additional hours at \$10.00 per hour spent on this research. | | | | | | |
| I have included my | Research Fee of \$15.00 (not including add. hours, copies, or postage) with this form, | | | | | | |
| or I will contact CCHGS t | to pay through another means as described above when forwarding this form. | | | | | | |

Historical Research Request Form

| Research Question (Please be spec | cific as to what in | formation you | u would like): | | | |
|---|-------------------------|--------------------|--------------------|-----------------|--------------------|-----------|
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| D 12 61 111 | | | | | | |
| Description of what you already k | now: | | | | | |
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| j | For additional info | rmation, please | e use new page | S | | |
| Please check if you have already t | used these resourc | ces: | | | | |
| Ancestry.com New | wspapers.com | FindaGra | ve.com | _ Other: | | |
| The starting research fee is \$15.00 and | l must be prepaid and | l received before | research begins | . It must be pr | repaid before any | V |
| research is undertaken and it is non-re- | | | _ | _ | _ | |
| hourly rate is \$10.00. You will be bille | ed a copy charge of \$0 | 0.30 per page an | d postal fee of \$ | 2.00 if applica | able. Notice of th | iese |
| additional charges will be sent, and pa | yment is required bef | fore forwarding | your copies. Pay | ments may be | e made via PayPa | ıl, by |
| calling the front desk at 570-784-1600 | , cash or check via m | nail with this for | n, or in-person v | with cash, cred | dit card, or check | .• |
| Current CCHGS members are respo | onsible for members | ship copy charg | es of \$0.15 each | and postage | charges only. | |
| Name: | | | | | Member: | _Y N |
| Address: | | | | | | |
| City: | | | | | | |
| Telephone: | | | | | | |
| I wish to have no more than | | | | | | |
| I wish to have copies returned to r | ne via: In | n-Person Pickt | up En | nail | Mail (with pos | tage fee) |
| I have included my Research | h Fee of \$15.00 (n | not including | add. hours, co | opies, or po | stage) with thi | is form, |
| or I will contact CCHGS to pay th | rough another me | eans as descri | bed above wh | en forward | ing this form. | |