

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
 - Church records
 - Cemetery records
 - Surname files
 - Tax lists
 - Census records
 - Naturalization records
 - 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 Researched: _____
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 be specific as to what information you would like): _____

Description of what you already know (ex. names of the parents, siblings, town/township where they lived, church attended, cemetery where buried, etc.): _____

For additional information, please use new pages

Please check if you have already used these resources:

_____ Ancestry.com _____ Newspapers.com _____ FindaGrave.com _____ Other: _____

The starting research fee is \$15.00 and must be prepaid and received before research begins. It must be prepaid before any research is undertaken and it is non-refundable. If extra time is needed to complete the research and is authorized, the additional hourly rate is \$10.00. You will be billed a copy charge of \$0.30 per page and postal fee of \$2.00 if applicable. Notice of these additional charges will be sent, and payment is required before forwarding your copies. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check.

Current CCHGS members are responsible for membership copy charges of \$0.15 each and postage charges only.

Name: _____ Member: __ Y __ N
Address: _____ Date: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

I wish to have no more than _____ additional hours at \$10.00 per hour spent on this research.

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail (with postage fee)

_____ I have included my Research Fee of \$15.00 (not including add. hours, copies, or postage) with this form, or I will contact CCHGS to pay through another means as described above when forwarding this form.

Historical Research Request Form

Research Question (Please be specific as to what information you would like): _____

Description of what you already know: _____

For additional information, please use new pages

Please check if you have already used these resources:

_____ Ancestry.com _____ Newspapers.com _____ FindaGrave.com _____ Other: _____

The starting research fee is \$15.00 and must be prepaid and received before research begins. It must be prepaid before any research is undertaken and it is non-refundable. If extra time is needed to complete the research and is authorized, the additional hourly rate is \$10.00. You will be billed a copy charge of \$0.30 per page and postal fee of \$2.00 if applicable. Notice of these additional charges will be sent, and payment is required before forwarding your copies. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check.

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Name: _____ Member: __ Y __ N

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to have no more than _____ additional hours at \$10.00 per hour spent on this research.

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail *(with postage fee)*

_____ I have included my Research Fee of \$15.00 *(not including add. hours, copies, or postage)* with this form,

or I will contact CCHGS to pay through another means as described above when forwarding this form.

REQUEST FORM FOR BIRTH, BAPTISM, MARRIAGE, AND DEATH RECORDS AND NOTICES

Please provide as much information as possible when requesting records or notices. Fee is non-refundable in the event of sending records or notices based on unclear or incorrect information provided. Documents may appear in different formats, ex: newspaper articles, obituaries, certificates, etc. **Marriage licenses are not included in this form/price.**

Record/Notice Type: _____ Birth _____ Baptism _____ Marriage _____ Death

Name of Person to be Researched: _____

Birth date: _____ Place of birth: _____

Death date: _____ Place of death: _____

Residence: _____

Name of Spouse: _____ Marriage Date: _____

Birth date: _____ Place of birth: _____

Death date: _____ Place of death: _____

Approx. Date of Record/Notice: _____ Year _____ Month _____ Day

Notes: _____

For additional space, please use new pages

Please check if you have already used these resources:

_____ Ancestry.com _____ Newspapers.com _____ FindaGrave.com _____ Other: _____

Have you referred to our online database found on our website? _____ Yes _____ No

Please use a New Form for each Record/Notice Request

The fee for finding the record/notice, copies, and postage for **each** record/notice is \$4.00. It must be prepaid before any research is undertaken and it is non-refundable if we cannot find/if there is no record/notice. Please refer to our database found on our website before sending a request. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. **Fee applies to CCHGS members and non-members.**

Name: _____ Member: __ Y __ N

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail

\$ _____ Total Payment

REQUEST FORM FOR NATURALIZATION RECORDS

Please provide as much information as possible when requesting naturalization records. Information may include Petitions for Naturalizations, Declarations of Intentions, and/or Certificates of Arrival. Fee is non-refundable in the event of sending records based on unclear or incorrect information provided.

Name of Person to be Researched: _____
Birth date: _____ Place of birth: _____
Death date: _____ Place of death: _____
Additional Name(s): _____
Date of Immigration: _____ Year _____ Month _____ Day _____
Date of Naturalization: _____ Year _____ Month _____ Day _____
Occupation(s): _____
Name of Spouse: _____ Marriage Date: _____
Birth date: _____ Place of birth: _____
Death date: _____ Place of death: _____
Additional Name(s): _____
Date of Immigration: _____ Year _____ Month _____ Day _____
Date of Naturalization: _____ Year _____ Month _____ Day _____
Occupation(s): _____
Notes: _____

For additional space, please use new pages

Please check if you have already used these resources:

_____ Ancestry.com _____ Newspapers.com _____ FindaGrave.com _____ Other: _____

Have you referred to our online database found on our website? _____ Yes _____ No

Please use a New Form for each Naturalization Request, including Spouse, Children, etc.

The fee for finding naturalization records and a copy of the first page of each record type is \$5.00 for **each request**. It must be prepaid before any research is undertaken and it is non-refundable if we cannot find/if there is no naturalization record. Please refer to our database found on our website before sending a request. Each page after the first page of the record will be charged \$1.00, and a postage fee of \$2.00, if applicable. Notice of these additional charges will be sent, and payment is required before forwarding your copies. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. **Fees applies to CCHGS members and non-members.**

Name: _____ Member: __ Y __ N

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail *(with postage fee)*

\$ _____ Total Payment *(not including copies or postage)*

WWI DRAFT REGISTRATION REQUEST FORM

Please fill in information requested below when requesting a copy from the World War I Draft Registration Cards collection. Each request includes two pages: the front of the card and the back of the card. Information on contents of collection can be found by searching under "Search for Name" on our website.

WWI Draft Registration Cards

Name of Person to be Researched: _____
Birth date: _____ Place of birth: _____
Roll Number (found on our website): _____
Target Number (found on our website): _____

Name of Person to be Researched: _____
Birth date: _____ Place of birth: _____
Roll Number (found on our website): _____
Target Number (found on our website): _____

Name of Person to be Researched: _____
Birth date: _____ Place of birth: _____
Roll Number (found on our website): _____
Target Number (found on our website): _____

Name of Person to be Researched: _____
Birth date: _____ Place of birth: _____
Roll Number (found on our website): _____
Target Number (found on our website): _____

For additional requests, please use new pages

The fee for searching services, photocopy charges, and mailing costs is \$4.00 **per card**. It must be prepaid before any research is undertaken and it is non-refundable if we cannot find the draft card. Please refer to our database found on our website before sending a request. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. **Fee applies to CCHGS members and non-members.**

Name: _____ Member: __ Y __ N
Address: _____ Date: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail _____
_____ Quantity \$ _____ Total Payment

REQUEST FORM FOR A MARRIAGE LICENSE

COLUMBIA COUNTY COURTHOUSE

Columbia County began issuing marriage licenses in 1885. Starting in 1913, if either the groom or bride was not twenty-one years old, the parents needed to sign a consent form.

Please provide as much information as possible when requesting a copy of a marriage license. Fee is non-refundable in the event of sending a marriage license of the wrong couple based on unclear or incorrect information provided.

Columbia County Marriage License

Groom's Name: _____

Residence: _____

Bride's Name: _____

Residence: _____

Date of Marriage: _____ Year _____ Month _____ Day _____

Notes: _____

Groom's Name: _____

Residence: _____

Bride's Name: _____

Residence: _____

Date of Marriage: _____ Year _____ Month _____ Day _____

Notes: _____

For additional requests, please use new pages

The fee for finding the license, copy of the license, copy of the parental consent form (if one exists) and postage for **each marriage license** is \$4.00. It must be prepaid before any research is undertaken and it is non-refundable if we cannot find/if there is no marriage license. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. **Fee applies to CCHGS members and non-members.**

Name: _____ Member: __ Y __ N

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail _____

_____ Quantity \$ _____ Total Payment

REQUEST FORM FOR A WILL COLUMBIA COUNTY COURTHOUSE

By an act of the Pennsylvania General Assembly on March 22, 1813, Columbia County was created from Northumberland County. After this date the will of a person who lived in Columbia County at the time of death would have, most likely, been filed in the Register and Recorder Office in the Columbia County Courthouse. Please provide as much information as possible when requesting a copy of a will from the Columbia County Courthouse.

Columbia County Wills

Full name: _____

Residence, township or town: _____

Year of death: _____

Names of family members: _____

Please provide any other information that would be helpful to the researcher about the individual whose will you wish to find: _____

Full name: _____

Residence, township or town: _____

Year of death: _____

Names of family members: _____

Please provide any other information that would be helpful to the researcher about the individual whose will you wish to find: _____

For additional requests, please use new pages

The fee for finding a will, copying the will, and postage is \$15.00 **each**. It must be prepaid before any research is undertaken and is non-refundable if there is no will in the courthouse or our collection. If the number of pages exceeds five, there is an extra charge of \$1.50 for each additional page. Notice of these additional charges will be sent, and payment is required before forwarding your copies. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. **Fees apply to CCHGS members and non-members.**

Name: _____ Member: ☐ Y ☐ N

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail _____
_____ Quantity \$ _____ Total Payment (*not including add. pages*)

REQUEST FORM FOR A DEED COLUMBIA COUNTY COURTHOUSE

Please provide as much information as possible when requesting a copy of a deed from the Columbia County Courthouse. By an act of the Pennsylvania General Assembly on March 22, 1813, Columbia County was created from Northumberland County. A person after this date, who lived in Columbia and owned real estate (landed property), would have the deed or land title filed at the Register and Recorder Office in the Columbia County Courthouse.

Columbia County Real Estate Deeds

Name(s) of property owner(s): _____

Location of property, township or town: _____

Approximate year of acquisition: _____

Please provide any other information that would be helpful to the researcher about the property and/or owner(s):

Name(s) of property owner(s): _____

Location of property, township or town: _____

Approximate year of acquisition: _____

Please provide any other information that would be helpful to the researcher about the property and/or owner(s):

For additional requests, please use new pages

The fee for finding a deed, copying the deed, and postage is \$10.00 **each**. It must be prepaid before any research is undertaken and is non-refundable if there is no deed in the courthouse or our collection. If the number of pages exceeds five, there is an extra charge of \$1.50 for each additional page. Notice of these additional charges will be sent, and payment is required before forwarding your copies. Payments may be made via PayPal, by calling the front desk at 570-784-1600, cash or check via mail with this form, or in-person with cash, credit card, or check. **Fees apply to CCHGS members and non-members.**

Name: _____ Member: ☐ Y ☐ N

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to have copies returned to me via: _____ In-Person Pickup _____ Email _____ Mail

_____ Quantity \$ _____ Total Payment (not including add. pages)