

Research Number:

MOREE & DISTRICT HISTORICAL SOCIETY INC.

ABN 53 944 553 985

Postal Address Moree & District Historical Society Inc. 40 Frome Street, Moree. NSW 2400

Email Address admin@moreehistory.org

RESEARCH REQUEST

Research Fees

\$25 per request plus \$10 postage & handling. Please make cheque or money order payable to Moree & District Historical Society Inc. and enclose payment with research request form.

Please note that the fee payable is a search fee and is not refundable. If no information is found you will be advised of the sources checked.

Direct Deposit Bank Details

Bank: Regional Australia Bank - Bank BSB - 932-000 - Account Number: 789468

Account Name: Moree and District Historical Society Inc.

Please email your reference number to the Society for confirmation purposes only.

Please complete the form below with as much detail as known to enable us to research without duplication.

KNOWN INFORMATION (PLEASE PRINT CLEARLY)

Person's Name:		
Father's Name:	Born	Where Born
Date of Death	Where Buried	
Arrived in Australia		_ Ship
Mother's Name:	Born	Where Born
Date of Death	Where Buried	
Arrived in Australia		Ship
Children		
1	Born	
2		
5.	Born	

Moree & District Historical Society Inc.

Research Request

Further Information I agree to Moree & District Historical Society Inc. publishing my name and query in Moree & District Historical Society's publications. I realise that the information will also be placed in the Society's Document (Secure are Library Room) where other people who researching same people/buildings/businesses/properties can access the material. I acknowledge that the Society may also release my contact details to other people researching the same information. (You will be contacted first.) RESEARCH REQUEST. I understand that any information provided by Moree & District Historical Society Inc. is for the purpose of personal or local history research and is not to be published without written permission of the copyright holder. I undertake to respect the privacy of, and not cause distress to, living persons. Address: Phone Number: Email Address:

Signed:

Date:

Amount Enclosed/Deposited: