



**Collaborative Research Request
(1 person or couple per request)**

Collaborative Research fees: \$20/hour Museum members; \$30/hour non-members

Name: _____

Address: _____

Phone: _____ **Email:** _____ **Member? Y__N__**

Name of Individual: _____

B: _____ **Place:** _____

D: _____ **Place:** _____

M: _____ **Place:** _____ **to**

Emigrated: _____ **from:** _____

Spouse: _____

B: _____ **Place:** _____

D: _____ **Place:** _____

Children/Siblings (circle one):

Name: _____ **B:** _____ **D:** _____

Name: _____ **B:** _____ **D:** _____

Name: _____ **B:** _____ **D:** _____

Residences in U.S.: _____

Information Wanted (continue on back of form):

Signature: _____ **Date:** _____



museum of
danish america

GENEALOGY CENTER

DANISHMUSEUM.ORG | PO BOX 249, 4210 MAIN STREET, ELK HORN, IA 51531 | 712.764.7008

(for GEC use only)

Date: _____ Researcher: _____

Number of hours: _____

Copies @ \$.25: _____ **TOTAL:** \$ _____ Payment Received (card/check/cash): _____