

The TENNESSEE GENEALOGICAL SOCIETY

P.O. Box 1824,
Germantown, Tennessee 38183-1824

Staff use Only! Date _____

of Copies _____

Research Authorization Form (please type or print)

Client's Name: _____

Address: _____

Member? (Circle answer): Yes No

Amount enclosed: \$ _____ Check # _____ Date: _____

Individual to be researched: _____

Surname spelling variants: _____

Birth Date: _____ Death Date: _____

(Approximate if exact dates are unknown) Month day year

Month Day Year

Spouse: _____ Marriage date: _____

First

Middle

Maiden name

Religious denomination: _____

Parents of Individual: _____

Residences _____

Town

Township

County

State

Birth: _____

Marriage: _____

Adult years: _____

Death: _____

Children & Spouses with birth & death dates: _____

(Approximate if exact dates are unknown)

Specific questions and/or identification (summarize here or attach pages as necessary): _____
