

Choctaw County Genealogical Society

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RESEARCH SERVICES REQUEST FORM

Your Contact Information

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your Ancestor's Information

Full name of the person you are researching: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Cemetery: _____ Location: _____

Full name of spouse: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Case # (if known): _____

Date of Probate: _____ Case # (if known): _____

Obituary Date (if known): _____ Newspaper (if known): _____

Other information: _____

Please fill out a form for each person you are requesting information on. Please remember that the Choctaw County Genealogical Society is supported by donations and your support is appreciated. Our volunteers will do their best to obtain the information you are requesting.

Disclaimer: While CCGS is happy to help you with your research requests please note that CCGS is not liable for the content of the information that is discovered.