

Family History Services

Information Form



Contact Information:

Name: _____ Phone: _____

Address: _____

Please complete one or both sections, based on your order.

*LHMS requires the following information to begin your family tree and/or house history.
Please provide as much information as possible, including estimates if necessary.*

Genealogy Services

Person whose ancestry this tree will be based upon ("Home" person):

Full name: _____

Date of Birth: _____ Place of birth: _____

Spouse/s: _____ Siblings: _____

Relatives of the Home person:

Father's Full name: _____

Date of Birth: _____ Place of birth: _____

Parents (include Mother's maiden) _____

Siblings: _____

Mother's Full name: _____

Date of Birth: _____ Place of birth: _____

Parents (include Mother's maiden) _____

Siblings: _____

Goals: _____

House History Services

Address of Home to be researched: _____

Date of construction: _____ How long have you lived at this address? _____

What do you know of the home's history? _____

Do you have any specific questions about the history of your house? _____
