

# Genealogy Request Form



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Full Name of  
Family/Individual

Birth Date  
(MM/DD/YYYY)

Death Date  
(MM/DD/YYYY)

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## Spouse 1

Full Maiden Name

Date Married  
(MM/DD/YYYY)

Children With

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## Spouse 2 (If applicable)

Full Maiden Name

Date Married  
(MM/DD/YYYY)

Children With

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Address(s)/Date  
of Meaford Area  
Residency

Occupation(s)

Other relatives or  
individuals that  
might be helpful in a  
search

Include Pictures      Yes  
                                    No

## Contact Information

First Name

Last Name

Phone

E-Mail

Address

City

Province

Postal Code

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## Payment Information

Payment Options

In Person

\*If cheque or money order, we will contact you with the total and mail the information upon receipt of payment

Credit Card

Cheque\*

Money Order\*

### If VISA or Mastercard:

Cardholders Name

Credit Card Number

Expiry Date

Cardholders

Signature

Return form via E-Mail to [meafordmuseum@meaford.ca](mailto:meafordmuseum@meaford.ca) or in person to **111 Bayfield St, Meaford ON N4L1N4**