

LOCATION SERVICE SEARCH REQUEST



Welcome the stranger.
Protect the refugee.

Date: _____

PERSON SOUGHT:

First Name: _____ Last Name: _____

Maiden Name: _____ Other Name (s): _____

Gender: Male _____ Female _____ Date of Birth (if unknown, approximate year): _____

Place of Birth (country, region, city): _____

Father's First and Last Name: _____

Father's Date of Birth: _____ Father's Place of Birth: _____

Mother's First and Last Name: _____

Mother's Date of Birth: _____ Mother's Place of Birth: _____

List below all accompanying family members:

First and Last Name	Relationship to the person sought	Date and Place of Birth	Occupation
1.			
2.			
3.			

Date of arrival to country of immigration: _____

Country and city of immigration: _____

Port of entry & ship name: _____

List below all members of the family, who were born in the U.S.:

First and Last Name	Relationship to the person sought	Date and Place of Birth	Occupation
1.			
2.			
3.			

Last known address: _____

Date of last communication: _____

Other important information: _____

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We replanted your family tree®

INQUIRER:

First Name: _____ Last Name: _____

Maiden Name: _____ Other Name: _____

Date of Birth: _____ Country and city of birth: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: _____ Business phone: _____

Cell phone: _____ Fax: _____

E-mail: _____ Other information: _____

Relationship to the person sought: _____

Did HIAS help you, your family, or your ancestor come to the U.S.? Yes _____ No _____

How did you learn about HIAS Location Services? _____

If you are filling out this form on behalf of another person and would like us to contact him/her directly, please provide alternate contact information below.

First & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: _____ Business phone: _____

Cell phone: _____ Fax: _____

E-mail: _____

Your signature: _____

(by signing this above I certify that I am the person who is requesting this information)

Please return the completed form with appropriate checks or money orders payable to HIAS to:

**HIAS Location Service
1359 Broadway, Suite 810
New York, New York 10018**

The person(s) being sought must give consent for contact information to be released to the inquirer. We would like to assure you that although we will do our best to get the positive results, the outcome of a Location search cannot be guaranteed.

PAYMENT AND SIGNATURE:

Please return this completed form with check or money order of nonrefundable \$30 and \$70 will be returned in case no information has been found payable to HIAS to the following address:

HIAS Location Service
411 Fifth Avenue, Suite 1006
New York, New York 10016-2203

If you would like pay by credit card, please provide us with the following information and send this form by email to sherly.postnikov@hias.org or by fax at 212-967-4443.

I authorize the representatives of HIAS to charge a **one-time payment** on my credit card in the amount of \$ _____ Written Dollar Amount: _____

Cardholder Name: _____

Credit card Number: _____

Expiration Date: _____

Day Time Phone#: _____

Cardholder's Signature required

Date

HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION, click HIAS.org/donate to make an online contribution or either via this form.

I authorize the representatives of HIAS to charge a **one-time payment** on my credit card in the amount of \$ _____ Written Dollar Amount: _____

Cardholder Name: _____

Credit card Number: _____

Expiration Date: _____

Day Time Phone#: _____

Cardholder's Signature required

Date