

GENEALOGY SEARCH REQUEST



Welcome the stranger.
Protect the refugee.

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: _____

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

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: _____ Other information: _____

Relationship to the person sought or inquirer: _____

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.

By signing this form, you hereby acknowledge and agree to all of the terms and conditions contained herein, and you certify that you are the person requesting this information.

Your signature: _____ Date: _____

PAYMENT AND SIGNATURE

Please return this completed form with check or money order of nonrefundable \$100.00 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 \$ _____

Cardholder name: _____

Credit Card Number: _____

Expiration date: _____

Day Time Phone#: _____

Cardholder Signature: _____ Date: _____

HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION

by entering credit card info below, or go to HIAS.org/donate to make an online contribution.

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

Cardholder name: _____

Credit Card Number: _____

Expiration date: _____

Day Time Phone#: _____

Cardholder Signature: _____ Date: _____