

**RESEARCH REQUEST FORM  
FOR  
EPG SPECIAL INTEREST GROUP**  
Western Australian Genealogical Society  
6/48 May Street Bayswater WA 6053

Name of Person requesting Research.....

Address.....

.....Telephone.....

email.....

WAGS membership.....

Signature confirming that you have read the conditions.....

**RESEARCH REQUESTED.**

**Name to be researched.....**

**What you know.....**

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**What you want to know.....**

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**Date of request.....Quote (Researcher).....**

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