

COUNTY SLIGO HERITAGE AND GENEALOGY SOCIETY

RESEARCH APPLICATION FORM

SECTION 1 : APPLICANT DETAILS

APPLICANTS NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

COUNTRY: _____ DATE: _____

EMAIL: _____ TELEPHONE NO: _____

SECTION 2 : YOUR ANCESTORS DETAILS

All of the following questions relate to the ancestor named at **A**. The ancestor named at **A** should have a birth date prior to 1901. Please answer as many questions as possible.

A YOUR ANCESTORS FULL NAME _____

B DATE & PLACE OF BIRTH _____

C MOTHER (Name & Pre marriage surname) _____

FATHER (Name) _____

BROTHERS AND SISTERS (Names) _____

D MARRIAGE(S) (Wife's pre-marriage name, location & dates) _____

E ANCESTORS CHILDREN _____

F DEATH DETAILS (Date & place of burial) _____

G EMIGRATION DETAILS (If any) _____

H OCCUPATION _____

I RELIGIOUS DENOMINATION _____

J

ANY OTHER DETAILS _____
