Catholic Parish Cemeteries Association Allegheny Regional Office Attn: Genealogy Request 1000 Logue Street Pittsburgh, PA 15220

Thank you for taking the time to fill out our Genealogy Research Form. We will attempt to answer all questions, such as birth and death dates, location of the deceased in the cemetery, and other miscellaneous information if possible.

All genealogy requests are answered by email and/or U.S. Mail. They are completed in the order they are received and we will respond to you within four to six weeks. If our search is unsuccessful you will be notified by email.

There is a non-refundable fee of \$15.00 for the first name and \$5.00 for each additional name requested for research up to 5 names. Please submit the completed form along with your payment. Please make your check payable to CPCA.

If we are unable to locate your primary research request the initial fee of \$15.00 is non-refundable but the \$5.00 paid for each additional name will be refunded if paid at the time of the initial request.

Cemetery records contain information regarding burial only. Normally the information includes the following: date of death, place of death, date of burial, date of birth or age, place of birth, parish from which the person was buried and the funeral director.

Cemetery records do not include: maiden names, names and addresses of relatives or children and death certificates.

Catholic Parish Cemeteries Association does not represent or warrant genealogical information as accurate though we believe this information to be accurate when received. The information is a reflection of the records on file at the cemetery office which has been provided by third party sources, i.e., family, relatives, funeral directors, etc..

Please complete as much of the information on the form as possible. Please submit the completed form to:

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## Catholic Parish Cemeteries Association Genealogy Research Form

| PRINT NAME:  |                           |                           |
|--|---------------------------|---------------------------|
| SIGNATURE:   |                           |                           |
| ADDRESS:   |                           |                           |
| CITY:  | STATE:                    | ZIP:                      |
| AREA CODE/ PHONE:                                    |                           |                           |
| E-MAIL ADDRESS:                                      |                           |                           |
| If you have e-mail, do you want us to e-mail? Yes No | send the results to you a | s a Word attachment to an |

| Please be advised that you need to provide as much information as possible regarding the deceased. |
|--|
| a. NAME OF THE PERSON(S) BEING RESEARCHED:   |
| b. REASON FOR RESEARCH:  |
| c. RELATIONSHIP TO THIS PERSON:  |
| d. CEMETERY WHERE INTERRED, IF KNOWN, OR GENERAL AREA:   |
| e. NAMES OF PARENTS OR OTHER RELATIVES IN SAME LOCATION:   |
| f. TYPE OF RESEARCH REQUESTED:   |
| g. NATIONALITY (e.g. IRISH, GERMAN, etc.)  |
| h. PARISH WHERE FUNERAL MASS TOOK PLACE:   |
| i. ANY OTHER PERTINENT INFORMATION:  |
|  |