



# Research Contract

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please provide the following information. Attach additional sheets if necessary:**

**Name/Names to be researched (in order of priority):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Research Goals:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Limitations (time, collateral lines, historical period, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family Information:** To avoid being charged for duplicate work, please provide all DOCUMENTED information you have already compiled or had compiled on the person or family to be researched. This should include family group sheets, ancestor/descendant charts, religious affiliations, known places of residence, dates and places of birth marriage, death and other significant life events, sibling information, etc.

**Records:** Include copies of records you have found or have been given (census, land, church, vital records, etc.).

**Payment:** Make all checks payable to: Cynthia Maharrey

**Correspondence:** Mail retainer fee and payments to: 1300 Smoky Mountain Court, Lexington, KY 40515

**Agreement:** *Enclosed is a check for the initial retainer fee of \$100 for a two-hour research block. I hereby authorize an additional \_\_\_\_\_ hours. The balance for additional time and reimbursable expenses is payable upon completion of the research. I understand that time leading to negative findings is also charged. I also hereby give permission for the use of these research findings in the researcher's portfolio and on her website.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date