

**JEWISH MUSEUM OF MARYLAND
RESEARCH-BY-MAIL ORDER FORM**

YOUR NAME: _____

ADDRESS: _____ ZIP _____

PHONE #: _____ E-MAIL ADDRESS: _____

I AM // AM NOT A MEMBER OF JMM (circle one)

If you would like to join the JMM, please fill out the accompanying membership form and make out a separate check for membership dues.

SERVICE REQUESTED (check those that apply):

RESEARCH-BY-MAIL SERVICE (search of JMM collections)

\$25 **per hour** / \$25 advance minimum fee required (non-members)

\$15 **per hour** / \$15 advance minimum fee required (members)

Search not to exceed _____ **hours.** (Indicate here if you would like to set a limit on total hours expended.)

EXTENDED RESEARCH: BALTIMORE -AREA JEWISH CEMETERIES

\$60 **per trip** / \$60 advance minimum fee required (non-members)

\$50 **per trip** / \$50 advance minimum fee required (members)

If more than one cemetery is requested, more than one trip may be necessary.

PAYMENT :

Check: Advance payment of \$ _____ is enclosed (*payable to Jewish Museum of Maryland*).

Credit card: Advance payment of \$ _____ is authorized. Final payment is authorized upon completion of research.

Name on card (if different from above): _____

VISA Mastercard Discover

Card Number: _____ Expiration Date: _____

Signature: _____

Please return this form along with the Research-by-Mail Questionnaire and your payment to:
Jewish Museum of Maryland, 15 Lloyd Street, Baltimore, MD 21202 (attn: Family History Center)

Please Note: We cannot guarantee results. Advance minimum fee is non-refundable.

JMM RESEARCH-BY-MAIL QUESTIONNAIRE

Please fill out this form to the best of your ability. If necessary, use the other side for additional helpful notes. The more information you can give us, the more likely our search will be successful.

Last name of family in whom you are interested:

First names of family members, with exact or approximate birth years:

Husband:

Wife:

Children:

Approximate dates of residence in Maryland:

Place(s) of residence in Maryland (with street address if known):

Year(s) of Immigration, if known:

Other relatives helpful for identification purposes:

Specific information you seek:

Please list sources you have already checked: