

# GENSEARCHPRO.COM

Virginia Nichols, Professional Genealogy Research  
5416 Forest Lawn Circle  
McFarland, WI 53558  
608.838.8415  
gensearchpro@charter.net

## AGREEMENT FORM

This form describes the agreement between you and I (Virginia Nichols, Professional Genealogy Research) regarding the professional genealogical research you have asked me to perform on your behalf.

You have asked me to conduct professional genealogical research for you.

I agree to:

- Review and evaluate the information and documents provided by you
- Develop a research plan
- Research and analyze appropriate documents, databases, and literature
- Write and document a report of information located and resources checked
- Provide copies of documents and information found
- Suggest follow-up research

To avoid duplication of any genealogical research already completed by you or others, I ask that you provide copies of documents or significant records, research reports, census records, summaries of previous research, important notes, and titles of collections and sources already searched.

In order for me to begin research, I need to receive the following from you:

- Materials relating to previous research as above
- Copy of this entire agreement signed and dated
- Your check for the initial retainer-\$100 or for the number of hours authorized
- A list of your research goals in order of priority

### Mail the information listed above to:

Virginia Nichols, Professional Genealogy Research  
5416 Forest Lawn Circle  
McFarland, WI 53558

I will notify you by e-mail and/or phone when I have received the items listed above.

Enclosed is a check or money order for \$ \_\_\_\_\_ for \_\_\_\_\_ hours of genealogical research. The balance for reimbursable expenses is payable upon completion of the research and will be billed before the report is mailed.

### My genealogy research goals are (please prioritize):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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I agree to pay Virginia Nichols for genealogical research to be performed on my behalf.

Date \_\_\_\_\_

Client signature(s) \_\_\_\_\_  
\_\_\_\_\_

**Client contact information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number (with area code) \_\_\_\_\_

E-mail address \_\_\_\_\_