



Request for Family History Research Form

Family History Research Enquiries submitted to Christchurch History Society and The General Data Protection Regulation 2018

When applying for assistance from The Christchurch History Society with this Form you are asked to give your consent to all of the data that you have provided being held on the submitted Form and on a computer. Other data will be added to the computer database for the purpose of monitoring progress of the Enquiry and administration within the Christchurch History Society. Upon request to **The Research Co-Ordinator, Christchurch History Society, The Porch Room, Priory House, Quay Road, Christchurch, Dorset, BH23 1BX** you can view the data held or request that the data be removed. The data will be used only for processing the Enquiry but the findings will be recorded for future reference and may be used in the Christchurch History Society Archives. The personal data provided on the Form will not be disclosed to any other person(s) or any third party organisations.

Date : **Name :**

(Block Capitals please)

Address :

(Block Capitals please)

Post Code : **Country :**

(If not united Kingdom)

Email Address : **Telephone Number :**

Member / Non Member of Christchurch History Society : Yes / No **Membership Number :**

(Delete as appropriate)

Donation to the Christchurch History Society: : Yes / No **Value: £** (Stirling)

I give my consent to the personal data that I have submitted on this Form being stored and utilised in accordance with the statement at the top of the Form under The General Data Protection Regulations 2018

Yes / No

Post Form with Donation to: The Research Co-Ordinator, Christchurch History Society, Porch Room, Priory House, Quay Road, Christchurch, Dorset, BH23 1BX

DETAILS OF PERSON TO BE INVESTIGATED

Gender	First and Middle Name(s)	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

	Day	Month	Year	Location
Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Nature of Event		
Any Event	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional Information Known with Source

Add Family Members

	First and Middle Name(s)	Last Name
Father	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>
Paternal Grandfather	<input type="text"/>	<input type="text"/>
Paternal Grandmother	<input type="text"/>	<input type="text"/>
Maternal Grandfather	<input type="text"/>	<input type="text"/>
Maternal Grandmother	<input type="text"/>	<input type="text"/>
Sibling	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>
Child 1	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>

Information Required *in response* *(in order of priority)*

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