

A.F.G.S. - Look-Up Request Form

Please EMAIL Completed Form To: filmroomrequest@afgs.org

Please E-mail questions to filmroomrequest@afgs.org Or contact us by Phone at (401)-765-6141; or Mail us at AFGS, P.O. Box 830, Woonsocket, RI 02895-0870

<u>DO NOT</u> send payment with this request. You will be notified of related fees when AFGS finds the data you request.

Submitter Information	* - marks required inform	uation Updated 21 Nov 2019
Your Full Name *:		
Membership * (check one): Member	Non-Member Membership Nu	mber * (if member)
Mailing Address *		_
City *	State * Zip *	_
Phone * (include area code)		
Your Email *		
Reporting Method: * (check one): Email (preferred) Postal Mail with Hardcopies (copy and postal fees apply)		
<u>Look-Up Description:</u> Check at least one *	: Birth/Baptism Dea	ath/Burial Biography History
Full name of Person *	Spouse name (if marriage	e *)
AFGS Book # * Place Code(s) * Month of event *	Year of event *
Place of event * (City or Town)	State or Canada *	
Father *	Mother *	
Request expanded review? (please check one	e *) Yes No	
Translate to English, if results are in French or Latin? (please check one *) Yes No		
Copy Request: Please check one *: Headstone Photo Obituary		
Full name of requested person *		
Death Month * Death Yo	ear *	
Place of Death/Burial: City or Town	State or Ca	nada
Father *	Mother *	
Comments or Questions:		