

# Identification Form

*Please complete to the best of your knowledge.*

## 1) Name of Person to be Researched (*born before 1930*):

\_\_\_\_\_  
First                                      Middle                                      Last (Maiden Name if Female)

Date of Birth : \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death : \_\_\_\_\_ Place of Death: \_\_\_\_\_

Residence in 1850 (if applicable) : \_\_\_\_\_

Residence in 1900 (if applicable) : \_\_\_\_\_

## 2) Name of # 1's Father : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**Parents of # 2** \_\_\_\_\_ / \_\_\_\_\_

## 3) Name of # 1's Mother : (maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**Parents of # 3** \_\_\_\_\_ / \_\_\_\_\_

**Please send Check or Money Order to:**

Cherokee Family Research Center  
P.O. Box 515  
Tahlequah, OK 74465

