

# Ohio Family Research

Genealogical Research Services

## AUTHORIZATION AND CONTRACT FOR GENEALOGICAL RESEARCH

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I \_\_\_\_\_ hereby give Yolanda Campbell Lifter the authority to act in my behalf to acquire the necessary records to complete my genealogical research project. She has my authorization to obtain from archives, libraries, institutions, and any additional repositories all records, certificates, or documents relating to my ancestry, specifically including (but not limited to) certificates of birth, death, and marriage.

I agree to pay her the rate of \$75/hour plus expenses (documents, vital records, photocopies, microfilm rental, mileage, postage, etc.) to perform research on my behalf.

Please provide all information you have already obtained on the individual/family to be researched to prevent being charged for duplicate work. This includes any family group sheets and pedigree charts. Please provide copies of records pertaining to births, marriages, deaths, as well as well as places of residency, religious affiliations, military service, etc.

I understand that the research fee includes review of the information provided by the client, construction of a research plan, research and analysis of information obtained, evaluation of documents with source citations, and a written report of all findings, even the negative ones.

I understand that she may not be able to solve my genealogical problem(s) since the availability of information varies from county to county as well as from individual to individual.

I **do** \_\_\_ /**do not** \_\_\_ give her permission to use the research findings in lectures, published materials (blogs, newsletter articles, etc.), and in the researcher's portfolio submission to the Board for Certification of Genealogists.

Enclosed is a \$750 payment for the first 10 hours of research. Additional hours may be purchased at any time during the project. Upon completion of the project, client will be invoiced any balance due (additional hours of research and expenses) before the final report is sent.

\_\_\_\_\_  
Client Signature

**OHIO FAMILY RESEARCH**  
**Yolanda Campbell Lifter**  
**1920 Eva Lane, Malabar, FL 32950-3219**  
**(321) 223 5217**  
**ylifter@ohiofamilyresearch.com**