

Ricki King 950 65th Street, Windsor Heights, IA 50324

Research request

Name:	
Address:	
Cell#: Home:	_
Email:	
Research Goal (What are you wanting to learn. Please attach another sheet if needed.):	
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	-
Research subject:	_
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Background Summary: Please only provide copies of records. Include information on presearch conducted to avoid duplicate work, known places of residence, dates and place marriage, death, and sibling and children information. (Please attach another sheet if ne	es of birth,
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