

*Polk County Historical Society Genealogical Research Library*  
*P.O. Box 203*  
*Cedartown, Georgia 30125*

The PCHS Genealogical Research Library is located on the bottom floor of the old Hawkes Children's Library building at 205 S. College St., Cedartown. Access to the Library is from a side entrance off Grace St.

Hours of operation:  
Thursday: 10:00am - 2:00pm  
Friday: 10:00am - 2:00pm  
Saturday: 10:00am - 2:00pm

All other days/hours by appointment  
Library: 770-748-0073  
Librarian: 770-546-3157

#### Research Services

**PCHS accepts research requests for an initial fee of \$20.** This covers up to two hours of research. Additional time, postage charges, and printing charges will be communicated. Research requests must be received in writing (by email or mail) and payment must be received before research is started. Checks or money orders can be mailed with the request, or you can pay by credit card using the form on our website. You may also visit us in person.

Please provide all known information, dates, and what exactly you are seeking. Our dedicated volunteers will get back to you as soon as possible.

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You may also email Research Services with your inquiry to  
[gray6727@bellsouth.net](mailto:gray6727@bellsouth.net)  
[janebt145@gmail.com](mailto:janebt145@gmail.com)

Date \_\_\_\_\_

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*Cedartown, GA 30125*

Genealogy Research Request Form

1. WHAT YOU already KNOW about your ancestor:

- You will not be able to fill in all the blanks.
- Help us help you by answering as many as you can.
- One of these questions may be what you want us to find for you.

**Ancestor's Name** \_\_\_\_\_

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

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

**Spouse's Name** \_\_\_\_\_

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

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

**Mother's Name** \_\_\_\_\_

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

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

**Father's Name** \_\_\_\_\_

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

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

Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What two specific questions do you have for our volunteers to research for you?

a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_