

**WESTPORT HISTORICAL SOCIETY
FAMILY RESEARCH QUESTIONNAIRE**

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Please answer as many questions as possible. If you have any further information not covered by the questions please add this. Do not be deterred if you cannot answer many questions. Give married name, maiden name etc. if both are known.

1. ANCESTOR'S NAME

2. BAPTISM/BIRTH

(Give any information on Births/Baptism e.g. date, or approx. date, parish etc.)

3. MARRIAGE

(List any information on marriage (s) if they occurred in Ireland - date, place, etc.)

4. DEATH

(List any information from death records, inscriptions, cemetery, etc.)

5. EMIGRATION

(Give all details known on ancestor's emigration)

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6. OCCUPATION

7. RELIGION

8. ADDRESS

(Give townland and parish if possible)

9. FAMILY

(List parents, brothers, sisters or other known relatives)

10. ANY OTHER INFORMATION

A fee of Euro 90.00 covers a preliminary report and administration costs and includes an initial search of all source material. Please make all cheques payable to:

**CLEW BAY HERITAGE CENTRE,
THE QUAY, WESTPORT, CO.MAYO.**

TEL. 098 26852/FAX: 098 26852

e-mail: westportheritage@eircom.net

Declaration

- 1. I have read Information Page 1 and Information Page 2**
- 2. I am a direct descendant of the person described in the ancestral details on this form.**
- 3. Any information I receive from the Clew Bay Heritage Centre as a result of this undertaking will not be submitted in legal proceedings.**

Signed: _____ Date: _____

Address: