

**WASHINGTON COUNTY HISTORICAL SOCIETY**  
**49 EAST MAIDEN STREET, WASHINGTON, PA 15301**  
**724-225-6740 FAX: 724-225-8495**  
**WEBSITE: [www.wchspa.org](http://www.wchspa.org) E-Mail: [wchspa@verizon.net](mailto:wchspa@verizon.net)**

Dear Researcher,

Thank you for contacting us with your inquiry. The Washington County Historical Society is pleased to offer people visiting our library and archives free admission for research purposes. However, mail and telephone inquiries involve an additional expense that we are unable to absorb. Therefore we are forced to charge a nominal fee for this service.

If you are interested in the Washington County Historical Society's research service, please sign the enclosed form. Please include appropriate fees, made payable to the "Washington County Historical Society". When completed, return the forms to the above address.

If you are unable to visit our facility or do not wish to contract with the Society's research service, you may wish to purchase our Introduction to Researching Washington County Kit. It includes a modern map of the county, a reproduction of an 1817 map of the county, a Pennsylvania migration map, an overview of county history written by famed historian Boyd Crumrine, an informative fact sheet regarding how to start genealogical research, and a summary of research collections in Southwestern Pennsylvania that might be helpful. The cost for the kit is only \$10.00 including postage.

Sincerely,

Charlotte Davidson  
Administrative Assistance

**WASHINGTON COUNTY HISTORICAL SOCIETY  
RESEARCH SERVICE**

In order to better serve you and eliminate unnecessary researching, please fill in the following questions as pertaining to your ancestor.

**SURNAME** \_\_\_\_\_

**OTHER SPELLINGS OF SURNAME** \_\_\_\_\_

**Township/ area ancestor lived in** \_\_\_\_\_

**Time Frame - (years)** \_\_\_\_\_

**Names of siblings** \_\_\_\_\_

**Church Affiliation or religion** \_\_\_\_\_

**Dates of births** \_\_\_\_\_

**Marriages** \_\_\_\_\_

**Deaths** \_\_\_\_\_

**Occupation** \_\_\_\_\_

I am looking for:  proof of birth  proof of death  marriage  
 naturalization  other (please explain)

**NOTE:** In Pennsylvania there was not state registration of vital records or marriage records until 1885, therefore substitute sources such as newspaper accounts, minister's personal records, church records and cemeteries must be used.

## RESEARCH FEE POLICY

1. Persons accessing the library/archives are encouraged to make a donation to help offset the costs of operating the facility.
2. Photocopy fees for the general public are \$.25 per copy. Members fees are \$.15 per copy.
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3. Mail requests for research are charged \$20.00 per hour for non-members. The fee for members is \$17.00 per hour. There is a one-hour minimum.
4. Fee to fax research information is \$1.00 per page/per local call, \$2.00 per page outside the 724 area code and \$5.00 per page outside the continental United States.
5. Individuals or organizations must complete the attached form in order to publish manuscript or illustrative material. The publication fee is \$50.00 If the publication is for educational purposes, the fee is \$25.00 The Washington County Historical Society reserves the right to waive the fee on a case by case basis.
6. Computer imaging is not permitted.
7. Reproduction of photographs by the society in its collection for black and white (8X10) is \$20.00 plus \$15.00 per hour staff time. If a negative is made, then the fee would be \$25.00 plus \$15.00 per hour staff time. The copyright to the photograph should remain with the Washington County Historical Society. the requester must sign a waiver to any rights to the photograph.

## Agreement

Dear Society,

I, the undersigned, do hereby agree to compensate the Washington County Historical Society for researching my historical/genealogical requests at a rate of \$20.00 per hour for non-members or, if a member of the Washington County Historical Society, at \$17.00 per hour. The minimum rate is one hour.

I understand the Society may subcontract with researchers, dependent upon the request and at the discretion of the Society.

The Society will take appropriate precaution to ensure the accuracy of information researched. I agree to indemnify and hold harmless the Society, its successors and subcontractors against any loss from any and all claims, demands, and actions resulting from the inaccuracy of information provided.

I understand that research may or may not result in satisfying my request. However, researcher will document sources researched.

I have reviewed the Research Fee Schedule attached. I agree that I will make payment in advance for hour(s) of research and other services by credit card or by check made out to the Washington County Historical Society.

By my signature below, this letter shall constitute an agreement to comply with the conditions set forth herein. I execute this agreement the \_\_\_\_ day of \_\_\_\_\_ 200\_\_ .

Number of hours: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check enclosed \_\_\_\_

Please charge the above to \_\_\_\_ VISA \_\_\_\_ Discover \_\_\_\_ Mastercard  
Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_