

HOLY INFANCY ROMAN CATHOLIC CHURCH

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Genealogy Research Application

Option #1 MAIL	<select one=""></select>	Opt	ion #2 EMAIL
Your Name			
Address			
Telephone or e-mail address (necessary)		
What specific inform	ation are you trying to	locate through	this search?
List Each Person by Name	Date of Birth	and/or	Baptism Date
Vou may use the h	ack of this form or attach	n supporting inf	
DI FASE MAIL VOLID COMDIT			

PLEASE MAIL YOUR COMPLETED APPLICATION WITH A CHECK (\$50.00) PAYABLE TO HOLY INFANCY CHURCH, ENCLOSED. BE AWARE THAT OUR RECORDS ARE LIMITED DUE TO LOST FILES, SO WE MAY NOT BE ABLE TO FIND ANY INFORMATION. HOWEVER, DUE TO THE TIME INVOLVED IN THE SEARCH PROCESS, THE PAYMENT IS NON-REFUNDABLE.

NOTE: RATE COULD BE MORE BASED ON THE EXTENT OF RESEARCH NECCESARY.

Thank you!