

DOCUMENTATION COPY REQUEST FORM

Documentation Search Request Only

NATIONAL POLICY:

- The NSSAR restricts fulfilling documentation requests if said documentation includes application copies and ancestor information of living NSSAR members to the following:
 - Members of the NSSAR, NSDAR and N.S.C.A.R.
 - Prospective members of the NSSAR may order copies through a Chapter or State Registrar or other NSSAR member assisting them with an application.

NOTE:

- All fees charged for a search/copy are non-refundable.
- NSSAR can not reproduce Vital Record documentation for living individuals.
- Specific documents can not be requested, charges reflect the entire content of the file less any Vital Records.
- Applications from other lineage societies, contained in the SAR files, will be billed per the current NSSAR application copy fee in addition to the Documentation Search Request fee.
- **Documentation request on NSSAR applications with the National Number of 114,000 or older may not exist in the NSSAR files.**
- All orders must be prepaid by one of the payment methods listed below.

INSTRUCTIONS:

1. Complete the section below, providing all known data, including any possible variant spellings.
2. Carefully print or type your name and address legibly. Any Request Form that cannot be read will be discarded.
3. DO NOT use this form for any other research service requests other than for Documentation Copies of member applications.

All contents of the documentation file for: (Patriot).

Date of Birth: Date of Death (if known):

Name/s of Wife/Wives:

Documentation request must include the National Number:

(The P-Number from the Patriot Search Page is NOT a National Number and cannot be used to order documents)

or SAR Member name: to identify the specific file to be copied.

NAME AND ADDRESS OF REQUESTOR:

Name:		SAR/DAR Nat #:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone or Fax:	Email:

FEE: \$20.00 (non-refundable) *(includes ten pages of material, additional pages billed at \$0.50 per page)*

You must Email: RecordCopy @ sar.org for the total number of pages before placing your order

METHOD OF PAYMENT:

Cashier's Check Money Order Check (Payable to NSSAR) Amount Enclosed:

Please charge my: Visa MasterCard Discover AmericanExpress

Card Number: Expiration Date: Security Code:

Signature: Date:

The typed signature above is my authorized signature.

MAIL REQUEST FORM TO: NSSAR, 809 West Main Street, Louisville, KY 40202

Please allow two (2) to four (4) weeks after submitting your order to receive your copy(ies).

RecordCopy@sar.org FAX: (502) 589-1671

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