

**Texas Division Business Office
United Daughters of the Confederacy
Fort Worth, Texas**

RESEARCH REQUEST

Date _____

Name: _____

Institution Affiliation (*if applicable*) _____

Address: _____

City: _____ State ____ Zip Code _____

Phone Number: _____

E-Mail Address: _____

Ancestor Name: _____

Company _____ Regiment _____

Infantry ____ Artillery ____ Cavalry ____ Navy ____ Unknown ____

Other _____

Date of Birth _____ Place _____

Date of Death _____ Place _____

Affiliated member's names (please include all names by which this person may have been known, including maiden, previous marriages, spouse's name, nicknames, etc.)

UDC Chapter Name: _____

UDC Chapter City: _____

Reason for Request:

Genealogy

Assist with membership application

Other _____

Please be as specific and complete as possible if this inquiry is not related to a specific veteran.

Please submit this form to the Texas Division UDC Business Office

c/o Margaret Daniel, Custodian

134 Sanchez Creek Ct.

Weatherford, Texas 76088-3313

mdan3955@sbcglobal.net