ŽÁDOST O GENEALOGICKÝ VÝZKUM V ČESKÉ REPUBLICE
[Request for Genealogical Research in the Czech Republic]

For Bohemian and Moravian ancestors, send to:

Archivní správa
ministerstva vnitra ČR
Milady Horákové 133
166 21 Praha 6
Czech Republic

Žádám o poskytnutí genealogických informací o této osobě [I am requesting genealogical information about the following person]:

- Příjmení [Last name]: _____
- Jméno [Given name]: _____
- Datum narození [Birth date]: _____
- Místo narození [Birthplace]: _____
- Bližší určení místa narození (pošta, farní úřad, okres, větší město poblíž) [Further details about the birthplace, such as the post office, parish, county, or nearest larger city]: _____

  _____
- Náboženství [Religion]: _____
- Jméno otce [Father's name]: _____
- Jméno matky za svobodna [Mother's maiden name]: _____
- Další informace (není nutné) [Other information (optional)]: _____

  _____

Příbuzní osoby, která je předmětem výzkumu (není nutné, ale často velmi užitečné) [Relatives of the person being researched (this is optional but often very helpful)]:

Manžel nebo manželka [Husband or wife]:

- Jméno [Name]: _____ Náboženství [Religion]: _____
- Datum narození [Birth date]: _____ Místo narození [Birthplace]: _____
- Datum sňatku [Date of marriage]: _____ Místo sňatku [Place of marriage]: _____

Děti narozené před vystěhováním [Children born before emigration]: _____

Jméno [Name]	Datum narození [Birth date]	Místo narození [Birthplace]

HOW TO WRITE A LETTER IN CZECH OR SLOVAK

The archival administration prefers that all genealogical requests be submitted on an application form. Following are Czech and Slovak forms, with English translations in brackets.

Make a copy of the form for each request. Use a separate form for spouse and child when requesting detailed information.

1. Request only one ancestral line at a time.
2. Fill in the appropriate blanks, providing all information necessary to start the research.
3. Type or print neatly.
4. If you know of diacritical marks and special characters (such as *á, č, ď, ö,* or *ů*), make sure they are included.

The archival administrations in the Czech Republic and Slovakia are accustomed to mail inquiries. If the form does not meet your needs, you may write a letter in English instead. For example, if you want to request permission to do research in the archives yourself or if you have questions about heraldry, you will need to write a letter rather than send a form. Your letter should include:

- The name and address of the addressee.
- Specific information about your relative, including birth date, birthplace, and other biographical data.
- A short, specific, genealogical request.
- An assurance that you are willing to pay for the services.
- The date and your signature.
- Your return address (including your country).

Be brief and simple. Write short sentences, and make clear requests. Do not ask for too much at one time.

Writing dates. Write dates as numerals in the European style: day, month, year. For example, for December 10, 1989, you would write *10.12.1989.*

- **Determine your ancestor's religion.** Until the 1900s, vital records were kept by church parishes or Jewish congregations. The records of different religions were kept separately. If you are not sure of your ancestor's religion, start by searching Catholic records. Catholicism was the dominant religion in the former Austro-Hungarian Empire.

When you send your request, it might be helpful to send copies of personal documents, such as birth certificates, passports, or residency certificates issued in the former Austro-Hungarian Empire or Czechoslovakia.

RESEARCH BY MAIL

The government of former Czechoslovakia consolidated all records of genealogical value in 1951. Most records more than 100 years old are now kept in the state regional archives. Records that are more recent are maintained at the vital records sections of local city offices. Genealogical records are accessible for research by writing or by personally visiting the archives or local city offices there.

Records Created before 1900

If you wish to obtain birth, marriage, or death records created before 1900, send a request to the Czech or Slovak Administration of Archives of the Ministry of Interior. These agencies are responsible for processing genealogical research requests and arranging for searches of records deposited in the state regional archives. Your request for research will be sent to the appropriate archive in the Czech or Slovak Republic. You should make a copy of your letter for your own records prior to sending it. Make sure to mark the envelope *Air Mail.*

Bohemia, Moravia, Silesia. If your ancestor was from the area formerly governed by Austria (Bohemia, Moravia, or Austrian Silesia), send your application directly to the Czech Administration of Archives of the Ministry of Interior:

Archivní správa
ministerstva vnitra ČR
Milady Horákové 133
166 21 Praha 6
Czech Republic

Slovakia. If your ancestor was from the area formerly governed by Hungary (Slovakia), send your application directly to the Slovak Administration of Archives of the Ministry of Interior:

Ministerstvo vnútra SR
odbor archivníctva a spisovej služby
Križkova 7
811 04 Bratislava
Slovak Republic

Records from 1900 to the Present

If you wish to obtain birth, marriage, or death records from the year 1900 to the present, send a request to the Czech or Slovak Republic Embassy:

Embassy of the Czech Republic
3900 Spring of Freedom St., NW
Washington, D.C. 20008

Embassy of the Slovak Republic
2201 Wisconsin Ave., NW
Suite 250
Washington, D.C. 20007

You will be sent application forms.

How to Send Payments

Do not send money with the initial request. *In your application, specify your limit on research charges.* When the research is completed, you will be notified directly by the archival administration or from a firm authorized to collect a payment (in the Czech Republic it is a company called Archivex). In the notification you will be advised about a research fee and asked to make a payment. You will also be instructed on how to make your payment. The report will be sent to you upon the receipt of your payment.

WHAT TO EXPECT

It may take up to six months to receive a reply to your request for information.

When you receive a reply, send the requested payment. If you need to request further information, refer to your earlier letters and their return letters by date. There will usually be a reference number (indicated by either *naše značka* or *č.j.*). Include that number as well.

Use Czech-English or Slovak-English dictionaries to help you understand the reply. Sometimes you can hire an accredited genealogist or someone else who is fluent in the language to translate for you. The Family History Library has published the *Czech Genealogical Word List* (34032), which also may be helpful.

If you do not receive an answer within six months, write again, attaching a copy of your first letter.

FAMILY HISTORY LIBRARY
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THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

LETTER-WRITING GUIDE

Czech and Slovak

INTRODUCTION

This guide is for researchers who do not speak Czech or Slovak but must write to the Czech Republic or Slovakia (two countries formerly united as Czechoslovakia) for genealogical records. It includes a form for requesting genealogical records.

The Republic of Czechoslovakia was created in 1918 from parts of the Austro-Hungarian Empire. From Austria it included the Czech provinces of Bohemia, Moravia, and most of Austrian Silesia. From Hungary it included the northern area, which was inhabited primarily by Slovaks. The original union also included the northeastern corner of Hungary, which was inhabited mainly by Ukrainians (also called Ruthenians), but this area, called Sub-Carpathian Russia, was ceded to the Soviet Republic of Ukraine in 1945. Since 1993, the Czech Republic and Slovakia have been two independent republics with their own governments.

Czechoslovakia, 1918

Prior to 1918 the regions of Bohemia, Moravia, and Austrian Silesia were part of the Austrian empire and now make up the Czech Republic. The region of Slovakia was part of the Hungarian empire and is now the Slovak Republic.

The best sources of genealogical information in the Czech Republic and Slovakia are the church records kept by the local parishes. The Family History Library has microfilmed copies of these records for much of Slovakia. From the Czech Republic, the library has vital records from only a few German-speaking communities. Use the Family History Library Catalog to determine what records are available through the Family History Library and the Family History Centers. If records are available from the library, it is usually faster and more productive to search these first.

If the records you want are not available through the Family History Library, you can use this guide to help you write to an archive to obtain information.

BEFORE YOU WRITE

Before you write a letter to the Czech Republic or Slovakia to obtain family history information, you should do three things:

- **Determine exactly where your ancestor was born, was married, resided, or died.** Because most genealogical records were kept locally, you will need to know the specific locality where your ancestor was born, was married, resided for a given time, or died. Because there are often many localities with same place-names, we advise you to provide additional information. See the library's publication *Tracing Immigrant Origins* (34111) for help in finding hometowns. If your research concerns the capital of the Czech Republic, Praha (Prague), it is necessary to know in what part of the city the person was born, was married, resided, or died. Praha was divided into many subdivisions, each with several parishes. The most important sections of the city were Staré Město, Nové Město, Malá Strana, Hradčany, Vyšehrad, Vinohrady, and Josefov. If your research concerns Bratislava, which is the capital of the Slovak Republic, or any bigger city in the Czech Republic or Slovakia, we recommend that you specify the part of the city in which the person was born, was married, resided, or died.

- **Determine when your ancestor was born, was married, or died.** If you cannot find an exact date, indicate a close approximation—preferably within three years.

COMMENTS AND SUGGESTIONS

The Family History Library welcomes additions and corrections that will improve future editions of this guide. Please send your suggestions to:

Publications Coordination
Family History Library
35 North West Temple Street
Salt Lake City, Utah 84150-3400
USA

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Family History Department
50 East North Temple Street
Salt Lake City, Utah 84150-3400
USA
Fax: 1-801-240-2494

36340

4 02363 40000 6
36340

Bratia a sestry [Brothers and sisters]:

Meno [Name]:	Dátum narodenia [Birth date]	Miesto narodenia [Birthplace]

Tiež žiadam informácie o nasledujúcich osobách [I am also requesting information about the following persons]:

☐ Všetci predkovia priamej línie [All direct-line ancestors]
☐ Iba predkovia mužskej línie (rovnaké priezvisko)[Paternal-line ancestors only]
☐ Súrodenci predkov priamej línie [Siblings of the direct-line ancestors]
☐ Manžel/manželka [Spouse(s)]

Rozsah správy [Scope of research]:

☐ Prosím, zaznamenajte informácie získané výskumom na genealogických formulároch. [Please report the information you find on the genealogical forms.]
☐ Žiadam doslovné opisy záznamov s udaním použitých prameňov. [I request complete transcriptions of the original records.]
☐ Žiadam fotokopie záznamov s udaním použitých prameňov. [I request photocopies of the documents pertaining to my ancestors.] *This option may involve extensive cost.*
☐ Žiadam výpisy z matrik na matričných formulároch s udaním použitých prameňov. [I request extracts from records on modern vital statistics forms.] *This option may involve extensive cost.*

Najvyššia čiastka, ktorú zaplatím za genealogický výskum je $_____. Zaväzujem sa zaplatit všetky poplatky spojené s genealogickým výskumom. Beriem na vedomie, že správa mi bude doručena po prijatí úhrady.

[My limit on research fees is $_____. I am obliged to pay the applicable costs for the genealogical information, for which the archival administration will bill me in connection with the reply. I understand that the genealogical report will be sent only upon the receipt of my payment.]

Žiadateľ [Person requesting the information]:

- Značka predchádzajúcej korešpondencie [Reference number of any previous correspondence]: _____

  _____

- Meno [Name]: _____
- Adresa [Address]: _____

Dátum [Date]: _____ Podpis [Signature]: _____

ŽIADOSŤ O GENEALOGICKÝ VÝSKUM V SLOVENSKEJ REPUBLIKE
[Request for Genealogical Research in the Slovak Republic]

For Slovak ancestors, send to:

Ministerstvo vnútra SR
odbor archivníctva a spisovej služby
Križkova 7
811 04 Bratislava
Slovak Republic

Žiadam o poskytnutie genealogických informácií o tejto osobe [I am requesting genealogical information about the following person]:

- Priezvisko [Last name]: _____
- Meno [Given name]: _____
- Dátum narodenia [Birth date]: _____
- Miesto narodenia [Birthplace]: _____
- Bližšie určenie miesta narodenia (pošta, farský úrad, okres, blizke väčšie mesto) [Further details about the birthplace, such as the post office, parish, county, or nearest larger city]: _____

  _____
- Vierovyznanie [Religion]: _____
- Meno otca [Father's name]: _____
- Meno matky za slobodna [Mother's maiden name]: _____
- Ďalšie informácie (nie je záväzné) [Other information (optional)]: _____

  _____

Príbuzní osoby, ktorá je predmetom výskumu (je nezáväzné, ale často veľmi užitočné) [Relatives of the person being researched (this is optional but often very helpful)]:

Manžel alebo manželka [Husband or wife]:

- Meno [Name]: _____ Vierovyznanie [Religion]: _____

  Dátum narodenia [Birth date]: _____ Miesto narodenia [Birthplace]: _____
- Dátum sobáša [Date of marriage]: _____ Miesto sobáša [Place of marriage]: _____

Deti narodené pred vysťahovaním [Children born before emigration]:

Meno [Name]:	Dátum narodenia [Birth date]	Miesto narodenia [Birthplace]

Bratři a sestry [Brothers and sisters]:

Jméno [Name]	Datum narození [Birth date]	Místo narození [Birthplace]

Také žádám informace o následujících osobách [I am also requesting information about the following persons]:

☐ Všichni předci přímé linie [All direct-line ancestors]
☐ Pouze předci mužské linie (stejné příjmení) [Paternal-line (surname) ancestors only]
☐ Sourozenci předků přímé linie [Siblings of the direct-line ancestors]
☐ Manžel/manželka [Spouse(s)]

Rozsah zprávy [Scope of research]:

☐ Prosím, zaznamenejte informace získané výzkumem podrobně s vysvětlivkami a údaji o použitých pramenech. [Please report the information you find in detailed narrative style.]
☐ Prosím, zaznamenejte informace získané výzkumem na genealogických formulářích. [Please report the information you find on the genealogical forms.]
☐ Žádám doslovné opisy záznamů s udáním použitých pramenů. [I request complete transcriptions of the original records.]
☐ Žádám fotokopie záznamů s udáním použitých pramenů. [I request photocopies of the documents pertaining to my ancestors.] *This option may involve extensive cost.*
☐ Žádám výpisy z matrik na matričních formulářích s udáním použitých pramenů. [I request extracts from records on modern vital statistics forms.] *This option may involve extensive cost.*

Nejvyšší částka, kterou zaplatím za genealogický výzkum je $_____. Zavazuji se zaplatit všechny poplatky spojené s genealogickým výzkumem. Beru na vědomí, že zpráva mi bude doručena až po zaplacení.

[My limit on research fees is $_____. I am obliged to pay the applicable costs for the genealogical information, for which the archival administration will bill me in connection with the reply. I understand that the genealogical report will be sent only upon the receipt of my payment.]

Žadatel [Person requesting the information]:

- Značka předchozí korespondence [Reference number of any previous correspondence]: _____
- Jméno [Name]: _____
- Bydliště [Address]: _____

_____

Datum [Date]: _____ Podpis [Signature]: _____

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Here is the record for the passenger. Click one of the links on the left to view material related to the passenger.

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Name:	Herceg, Stephan
Ethnicity:	Theco Slo, Slovak
Place of Residence:	Nitraskazupa, Tcheco
Date of Arrival:	28 Jun 1920
Age on Arrival:	9y
Gender:	M
Marital Status:	S
Ship of Travel:	La Savoie
Port of Departure:	Le Havre, Seine-Inferior, France

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Name:	Ragay, Jula
Ethnicity:	Yougo-sl, Yougo-sl
Place of Residence:	K...ra, Yougo-sl.
Date of Arrival:	22 Dec 1920
Age on Arrival:	38y
Gender:	F
Marital Status:	M
Ship of Travel:	Olympic
Port of Departure:	Cherbourg, Manche, France

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ADD TO YOUR ELLIS ISLAND FILE | VIEW ANNOTATIONS

Name:	Ragay, Michael
Ethnicity:	Yougo-Sl.
Place of Residence:	Kugura, Yougo-Sl.
Date of Arrival:	Dec 1920
Age on Arrival:	9y
Gender:	M
Marital Status:	S
Ship of Travel:	Kroonland
Port of Departure:	Cherbourg, Manche, France

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Name:	Skuban, Melania
Ethnicity:	Hungary, Servian
Place of Residence:	Kucsora, Hungary
Date of Arrival:	26 Jun 1912
Age on Arrival:	25y
Gender:	F
Marital Status:	M
Ship of Travel:	Ivernia
Port of Departure:	Carnaro, Triest, Austria

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Name:	Skuban, Paul
Ethnicity:	Jugoslav., Ruthenian
Place of Residence:	Kutera, S. H. S.
Date of Arrival:	27 Nov 1920
Age on Arrival:	12y
Gender:	M
Marital Status:	S
Ship of Travel:	Argentina
Port of Departure:	Triest, Austria, Austria-Hungary

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Name:	Skuban, Paul
Ethnicity:	Jugoslav., Ruthenian
Place of Residence:	Kutera, S. H. S.
Date of Arrival:	27 Nov 1920
Age on Arrival:	12y
Gender:	M
Marital Status:	S
Ship of Travel:	Argentina
Port of Departure:	Triest, Austria, Austria-Hungary

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Name:	Skuban, George
Ethnicity:	Hungary, Magyar
Place of Residence:	Kuzzura, Hungary
Date of Arrival:	6 Apr 1912
Age on Arrival:	26y
Gender:	M
Marital Status:	M
Ship of Travel:	Pennsylvania
Port of Departure:	Hamburg, Germany

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ADD TO YOUR ELLIS ISLAND FILE | VIEW ANNOTATIONS

Name:	Hromis, Marja
Ethnicity:	S.H.S. Servian
Place of Residence:	Gyurgeve, Serbia, Sajkas
Date of Arrival:	27 Apr 1920
Age on Arrival:	25y
Gender:	F
Marital Status:	M
Ship of Travel:	Belvedere
Port of Departure:	Triest, Austria, Austria-Hungary

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PASSENGER RECORD

Here is the record for the passenger. Click one of the links on the left to view material related to the passenger.

ADD TO YOUR ELLIS ISLAND FILE | VIEW ANNOTATIONS

Name:	Leskanic, Michal
Ethnicity:	Cz. Slovak Slovak
Place of Residence:	Vixnow, Slovakia
Date of Arrival:	30 Oct 1920
Age on Arrival:	40y
Gender:	M
Marital Status:	M
Ship of Travel:	Finland
Port of Departure:	Antwerp, Belgium

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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.
Registrar's No.

DECEASED—NAME (First, Middle, Last)	SEX	DATE OF DEATH (Month, Day, Year)
1. Suzanna (Susie) HERCHEK	2. F.	3. Oct 21 1971

RACE (White, negro, american indian, etc. (Specify))	AGE— Last birthday (years)	UNDER 1 YEAR Mos. Days	UNDER 1 DAY Hours Min.	DATE OF BIRTH (Month, Day, Year)	COUNTY OF DEATH
4. White	5a. 66	5b.	5c.	6. July 15 1905	7a. Summit

CITY, VILLAGE, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
7b. Barberton	7c. Yes	7d. Citizens Hospital D.O.A.

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Czechoslovakia	9. U.S.A.	10. Married	11. Steve Herchek

SOCIAL SECURITY NUMBER	WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
12a. 279-01-5623-A	12b. No

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13a. Cook	13b. Restaurant

RESIDENCE—STATE	COUNTY	CITY, VILLAGE OR LOCATION	INSIDE CITY LIMITS (Specify yes or no)	STREET AND NUMBER
14a. Ohio	14b. Summit	14c. Barberton	14d. Yes	14e. 200 19th. St. N.W.

FATHER—NAME (First, Middle, Last)	MOTHER—MAIDEN NAME (First, Midule, Last)
15. John Leskanic	16. Anna Knapp

INFORMANT—NAME	MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip)
17a. Steve Herchek	17b. 200 19th. St. N.W. Barberton Ohio 44203

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18.

IMMEDIATE CAUSE (a) Myocardial infarction

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF: (b) ASCVD

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a)) Diabetes mellitus

AUTOPSY (Yes or no)	IF YES were findings considered in determining cause of death
19a.	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)
20a.	20b.	20c. M	20d.

INJURY AT WORK (Specify yes or no)	PLACE OF INJURY At home, farm, street, factory, office bldg., etc. (Specify)	LOCATION (Street or R.F.D. no., city or village, state, zip)
20e.	20f.	20g.

CERTIFICATION—PHYSICIAN		AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)
I ATTENDED THE Month Day Year 11-5-55	TO Month Day Year 10-21-71	Month Day Year 10-14-71		2:20PM
21a. DEASCED FROM	21b.	21c.	21d.	21e. At the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFICATION—CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated. Hour of death M. — The decedent was pronounced dead Month Day Year Hour M.

22a. 22b.

CERTIFIER—NAME (Type or print)	SIGNATURE	Degree or title	DATE SIGNED
23a. Dr. Frank Cleary	23b. X [signature]	M. D.	23c. 10-22-71

MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR VILLAGE	STATE	ZIP
23d.	500 W. Tuso. Ave	Barberton	Ohio	44203

BURIAL, CREMATION (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, village, or county) (State)
24a. Burial	24b. 10/25/71	24c. Holy Cross Cem.	24d. Akron Summit Ohio

NAME OF EMBALMER	(LIC. NO.)	FUNERAL DIRECTOR'S SIGNATURE	(LIC. NO.)
25. Carl V. Hahn	4593A	26. Carl V. Hahn	2965

FUNERAL FIRM AND ADDRESS	(STREET NO.)	(CITY)	(STATE)	(ZIP)
27. Hahn Funeral Home Inc.	98 17th. St. N.W.	Barberton	Ohio	44203

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	DATE PERMIT ISSUED	SIGNATURE OF PERSON ISSUING PERMIT	DIST. NO.
28. 10-22-71	29. Jean Ali	30.	31. Same	

MARGIN RESERVED FOR BINDING

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 1226
Primary Reg. Dist. No. 8494
Registrar's No. 428
Birth No. 134 -

1. PLACE OF BIRTH
a. COUNTY: Summit
b. CITY, VILLAGE, OR LOCATION: Barberton
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address):
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☐ NO ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Ohio
b. COUNTY: Summit
c. CITY, VILLAGE, OR LOCATION: Barberton
d. STREET ADDRESS: 244 E. Lake Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

CHILD

3. NAME (TYPE OR PRINT) First: Richard Middle: Herchek Last:
4. SEX: Male
5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1ST ☐ 2D ☐ 3D ☐
6. DATE OF BIRTH (MONTH DAY YEAR): Aug. 14, 1929

FATHER

7. NAME First: Stephan Middle: Herchek Last:
8. COLOR OR RACE: white
9. AGE (At time of this birth): 26 YEARS
10. BIRTHPLACE (State or foreign country): Slovak
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER

12. MAIDEN NAME First: Susie Middle: Leskanic Last:
13. COLOR OR RACE: white
14. AGE (At time of this birth): 24 YEARS
15. BIRTHPLACE (State or foreign country): Slovak
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead at ANY time after conception?) 0

17. INFORMANT'S NAME OR SIGNATURE:
18. MOTHER'S MAILING ADDRESS:
19. DATE SEROLOGIC TEST FOR SYPHILIS:

I hereby certify that this child was born alive on the date stated above.

19a. SIGNATURE: Mary Evanke
19b. ATTENDANT AT BIRTH: M. D. ☐ D. O. ☐ MIDWIFE ☒ OTHER (Specify)
19c. ADDRESS: 118 15th. N.W. St.
19d. DATE SIGNED:

20. DATE REC'D BY LOCAL REG.: Aug. 16 1929
21. REGISTRAR'S SIGNATURE: W.A. Mansfield
22. DATE ON WHICH GIVEN NAME ADDED
BY (Registrar)

PASSENGER RECORD

Name:	Hromis, Melania
Ethnicity:	Hungary, Servian
Place of Residence:	Kucsora, Hungary
Date of Arrival:	26 Jun 1912
Age on Arrival:	25y
Gender:	F
Marital Status:	M
Ship of Travel:	Ivernia
Port of Departure:	Carnaro, Triest, Austria

ADD TO YOUR ELLIS ISLAND FILE | CLOSE THIS WINDOW

PASSENGER RECORD

Name:	Ragay, Jula
Ethnicity:	Yougo-Sl.
Place of Residence:	Kugura, Yougo-Sl.
Date of Arrival:	Dec 1920
Age on Arrival:	53y
Gender:	F
Marital Status:	M
Ship of Travel:	Kroonland
Port of Departure:	Cherbourg, Manche, France

ADD TO YOUR ELLIS ISLAND FILE CLOSE THIS WINDOW

PROBATE COURT OF CUYAHOGA COUNTY, OHIO
ESTATE OF KOSTA HROMISH, Jr., Deceased
CASE NO.: 1117788

RECEIPTS AND DISBURSEMENTS

ITEM	VOUCHER. NO.	AMOUNT $
RECEIPTS		
Balance Remaining in Hand (May 1, 1997)		387,985.07
Interest Income - First Fed. S & L of Lakewood Accts: 07-3-018722, 07-6-001518		14,219.16
	Total Receipts:	402,204.23
DISBURSEMENTS		
Probate Court - Court Costs	156	19.00
Stark County Library	157	1.50
Fidelity & Deposit (Bond)	158	1,525.00
Internal Revenue Service	159	748.97
Trustee for Suit (Angela Carlin)	160	4,750.91
Michael Hromish - Reimb. Costs Advanced	161	111.51
U.S. Postmaster	162	42.00
U.S. Postmaster	163	37.50
U.S. Postmaster	164	3.00
Michael Thomas - Reimb. Costs Adv.	165	625.00
Fiduciary Fees	166	13,998.51
Attorney Fees - Per Court Order	167	13,230.00
Court Receiver - Per Court Order re N. Oros	168	91,777.83
Bonnie Holden	169	18,355.57
April Holden	170	18,355.57
Dale Holden	171	18,355.57
Daryl Stewart	172	18,355.57
Jeanna Fisher	173	9,177.78
Jenifer Sivula	174	9,177.78
Mary Hromish	175	11,472.23
Gabriel Hromish	176	11,472.23
Sarah Underwood	177	11,472.23
Helen Jusselin	178	11,472.23
Michael Hromish	179	15,296.30
Peter Hromish	180	15,296.30
Estate of Violet Skuban	181	15,296.30

ITEM	VOUCHER No.	AMOUNT $
Kiril Hromis	182	15,296.30
Cicillija Hromis	183	15,296.30
Marija Hromis	184	15,296.30
Jancko Hromis	185	22,944.46
Vladimir Hromis	186	11,472.23
Julian Hromis	187	11,472.23
	Total Disbursements	402,204.23

Welcome, Kathleen | Sign Out | Become a Found

American Family Immigration History Center
EXPLORE YOUR FAMILY HISTORY AT
ELLIS ISLAND

Foundation Membership
Schedule a Visit
Your Account
Help

192.168.1.55

PASSENGER SEARCH | FAMILY SCRAPBOOKS | YOUR ELLIS ISLAND FILE | THE IMMIGRANT EXPERIENCE

Passenger Record
Ship Manifest
Ship
View Annotations
Create an Annotation
Back to Search Results

PASSENGER RECORD

Here is the record for the passenger. Click one of the links on the left to view material related to the passenger.

ADD TO YOUR ELLIS ISLAND FILE | VIEW ANNOTATIONS

Name:	Hromis, Kosta
Ethnicity:	Jugoslav., Serbian
Place of Residence:	Kucura, Jugosl.
Date of Arrival:	25 Jul 1921
Age on Arrival:	29y
Gender:	M
Marital Status:	M
Ship of Travel:	Mount Clay
Port of Departure:	Hamburg, Germany

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MY VITAL STATISTICS RECORD

Full Name Nick Skuban Sex M Color or Race White-American

Residence No. 840 Mango City Brea Zip 92621 Phone 714-529-1244

Single–Married–Widowed–Divorced Married Husband or Wife of Violet Skuban

Date of Birth May 22, 1906

Occupation Custodian Firm Name La Habra School District How Long 3 yrs

Birthplace–City Yugoslavia State

Name of Father George Skuban Birthplace–City Yugoslavia State

Mother's Maiden Name Mildred Sandor Miska Birthplace–City Yugoslavia State

Length of Residence in Brea, 13 Yrs. Resided in California 29 Yrs. in U.S.A. 66 Yrs.

If Veteran, Name of War and Rank N/A Serial No. N/A Social Security No. 297-10-2168 A

Relationship	Name	Address	City	State	Zip
Daughter	Helen C. Herchek	17511 Jennifer Drive	Yorba Linda, CA.		
Son	Nickolas W. Skuban	840 Mango	Brea, CA.		

Executed Copy of This Instrument Is Held By:

Self

(Name of Friend or Relative)

Address City State Zip

Phone No.

MEDICAL ALERT INFORMATION

1. BLOOD TYPE: DIABETIC: NO EPILEPTIC: NO HEMOPHILIAC: NO HEART YES

   ALLERGIES TO MEDICATIONS: Darvon/ Penicillin INSURANCE COMPANY: Greek Catholic Union

   DOCTORS NAME: Dr. DiMassa ADDRESS: TELEPHONE: 714-529-3971

2. HAVE YOU CONSULTED OR BEEN TREATED BY A DOCTOR OR PRACTITIONER OR AT A CLINIC OR HOSPITAL WITHIN THE PAST 5 YEARS? X YES NO.

3. NOW UNDER TREATMENT OR TAKING ANY PRESCRIPTION DRUG? X YES NO.

4. EVER HAD OR BEEN TOLD YOU HAD OR BEEN TREATED FOR EMPHYSEMA, BRONCHITIS, OR CHRONIC LUNG DISORDERS, HARDENING OF THE ARTERIES, HEART TROUBLE, LIVER TROUBLE, HIGH BLOOD PRESSURE, PARALYSIS, STROKE, MENTAL DISORDER, KIDNEY DISEASE OR CANCER? X YES NO.

5. EVER HAD ANY SURGICAL OPERATION, BEEN TREATED FOR ALCOHOLISM OR DRUG ABUSE, OR BEEN UNDER THE OBSERVATION, CARE OR TREATMENT OF ANY HOSPITAL, SANITARIUM, OR ASYLUM? YES NO.

6. DO YOU OWN MEMORIAL PROPERTY? X YES NO.

7. HAVE YOU MADE FUNERAL ARRANGEMENTS? Non-Funded thru Memory Garden YES NO.

   MY SIGNATURE DATE WITNESS

PERSONAL PREFERENCE AND INSTRUCTION SHEET OF

Nick Skuban

840 Mango

Brea, CA. 92621

MEMORY GARDEN MEMORIAL PARK MORTUARY

455 West Central Avenue
Brea, California 92621
Telephone (714) 529-3961
(213) 694-6571

Certificate of Baptism

and Confirmation

Greek Cath. Church of

St. Nicholas

Barberton, Ohio

This is to certify, that

Helen Christine Skuban

Child of Nicholas Skuban

and Violet Hromich

born in Hickville, Ohio

on the 30 day of July 1934

was ~~Baptized~~ and Confirmed

on the 4th day of July 1951

According to the Rite of the Greek Catholic Church

by the Rev. Joseph Bodnar

the Sponsors being { Theresa Hromich

as appears from the Baptismal Register of this Church.

Dated July 4th, 1951

Rev Joseph Bodnar

Pastor

PROSVITA-ENLIGHTENMENT, 611 SINCLAIR ST., McKEESPORT, PA.

Certificate of Baptism

OFFICIAL COPY

SAINT MARY'S CHURCH

ANTWERP, OHIO

This is to certify:

that Helen Christine Skuban

child of Nicholas Skuban

and Violet Hromish Skuban

born in Huntsville Ohio

on the 31 day of July

A. D. 1934 and was baptized in this church on

the 12 day of August A.D. 1934

according to the rite of the Roman Catholic Church

by the Rev. James Horrigan

the sponsors being Walter Ragay

and wife Pauline

as appears from the baptismal register of this church.

This certificate issued by

Rev. John A Flynn Pastor

17 day of June A.D. 1948

WESTGATE PRESS, CLEVELAND, OHIO

Psalm 23

The Lord is my shepherd, I shall not want. He maketh me to lie down in green pastures: He restoreth my soul: He leadeth me in the paths of righteousness for His name's sake. Yea, though I walk through the valley of the shadow of death I will fear no evil; for thou art with me thy rod and thy staff they comfort me. Thou preparest a table before me in the presence of mine enemies; thou anointest my head with oil; my cup runneth over. Surely goodness and mercy shall follow me all the days of my life; and I will dwell in the house of the Lord for ever.

In Loving Memory of

Violet Skuban

Born
May 25, 1910
Yugoslavia

Passed Away
February 8, 1997
Placentia, California

Funeral Services
Tuesday
February 11, 1997 At 1:00 P. M.
Williamsburg Chapel
Memory Garden Memorial Park & Mortuary

Officiant
Father David Kondik

Interment
Memory Garden Memorial Park
Brea, California

MARGIN RESERVED FOR BINDING

Write Plainly with Unfading Ink — This is a Permanent Record

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child, in order of birth, stated.

V.S. 2

Recorded in Volume No 5908, Certificate No 49327

PLACE OF BIRTH

County of Defiance

Township of Farmer
or
Village of
or
City of

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

No. _____ St., _____ Ward
(If birth occurred in a hospital or institution, give Name instead of street and number)

FULL NAME OF CHILD Heben Christina Skuban (If child is not yet named, make supplemental report, as directed)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 31, 1934

FATHER		MOTHER	
FULL NAME	Nick Skuban	FULL MAIDEN NAME	Violet Hromish
RESIDENCE Including P. O. Address	Hicksville, O.	RESIDENCE Including P. O. Address	Hicksville, O.
COLOR or RACE	white	COLOR or RACE	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
Birthplace (city or place) (State or county)	Yugoslavia Europe	Birthplace (city or place) (State or county)	Yugoslavia Europe
OCCUPATION a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Truck Driver	OCCUPATION d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
b. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		e. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
c. Date (month and year) last engaged in this work	, 19__	f. Date (month and year) last engaged in this work	, 19__
g. Total time (years) spent in this work		h. Total time (years) spent in this work	

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

Is the child congenitally deformed? no
Was Prophylactic against Ophthalmia Neonatorum used? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:50 P m. on the date above stated.

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) Otto E. Smith, M. D.

or _____, Midwife

Address Hicksville, Ohio

Given name added from a supplemental report _____ (Date of)

REGISTRAR

Filed 12-13, 1942

REGISTRAR

INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HERCHEK, Susie

Birth Date
21 Jul 1905

Social Security Number
279-01-5623

State of Issuance of Social Security Number
Ohio

Death Date
Oct 1971

Death Residence Localities
44203
Barb, Summit, Ohio
Barberton, Summit, Ohio
Norton, Summit, Ohio

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: RAGAY, Walter

Birth Date
29 Jan 1903

Social Security Number
367-09-0714

State of Issuance of Social Security Number
Michigan

Death Date
16 Mar 1988

Death Residence Localities
92381

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: RAGAY, Pauline

Birth Date
01 Mar 1909

Social Security Number
365-10-6765

State of Issuance of Social Security Number
Michigan

Death Date
Aug 1990

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: LESKANIC, John

Birth Date
07 Aug 1902

Social Security Number
169-03-6137

State of Issuance of Social Security Number
Pennsylvania

Death Date
Feb 1959

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HERCHEK, Margaret

Birth Date
22 Jul 1905

Social Security Number
291-18-2470

State of Issuance of Social Security Number
Ohio

Death Date
May 1967

Death Residence Localities
44104
Cleveland, Cuyahoga, Ohio

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HERCHEK, Anne

Birth Date
04 Mar 1913

Social Security Number
298-03-4890

State of Issuance of Social Security Number
Ohio

Death Date
21 Jun 1997

Death Residence Localities
95355
Modesto, Stanislaus, California

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: OMELIA, Doris

Birth Date
06 Feb 1921

Social Security Number
467-24-9973

State of Issuance of Social Security Number
Texas

Death Date
Sep 1993

Death Residence Localities
85740
Tucson, Pima, Arizona

Death Benefit Localities
85740
Tucson, Pima, Arizona

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: OMELIA, Edward

Birth Date
23 Jan 1909

Social Security Number
483-07-5929

State of Issuance of Social Security Number
Iowa

Death Date
Jun 1986

Death Residence Localities
85740
Tucson, Pima, Arizona

Death Benefit Localities
85740
Tucson, Pima, Arizona

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: CANON, Elmer

Birth Date
17 May 1927

Social Security Number
200-12-7361

State of Issuance of Social Security Number
Pennsylvania

Death Date
Jan 1987

Death Residence Localities
75208
Dallas, Dallas, Texas

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HROMISH, Tina

Birth Date
23 Jan 1893

Social Security Number
366-40-6612

State of Issuance of Social Security Number
Michigan

Death Date
Feb 1980

Death Residence Localities
45150
Day Heights, Clermont, Ohio
Milford, Clermont, Ohio
Mt Repose, Clermont, Ohio

Death Benefit Localities
44203
Barb, Summit, Ohio
Barberton, Summit, Ohio
Norton, Summit, Ohio

==========

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INDIVIDUAL RECORD

08 MAY 2001

NAME: HROMISH, Kosta

Birth Date
14 Apr 1893

Social Security Number
286-03-9629

State of Issuance of Social Security Number
Ohio

Death Date
Aug 1984

Death Residence Localities
44111
Cleveland, Cuyahoga, Ohio

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: SKUBAN, Mildred

Birth Date
24 Jan 1887

Social Security Number
545-82-6078

State of Issuance of Social Security Number
California

Death Date
May 1968

Death Residence Localities
91786
Upland, San Bernardino, California

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: SKUBAN, George

Birth Date
01 May 1915

Social Security Number
370-03-7607

State of Issuance of Social Security Number
Michigan

Death Date
Sep 1982

Death Residence Localities
90808
Long Beach, Los Angeles, California

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: SKUBAN, Nick

Birth Date
22 May 1906

Social Security Number
297-10-2168

State of Issuance of Social Security Number
Ohio

Death Date
20 Feb 1991

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: SKUBAN, Violet

Birth Date
25 May 1910

Social Security Number
559-56-0712

State of Issuance of Social Security Number
California

Death Date
08 Feb 1997

Death Residence Localities
92886
Yorba Linda, Orange, California

==========

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INDIVIDUAL RECORD

08 MAY 2001

NAME: HERCHEK, Joseph

Birth Date
28 Aug 1899

Social Security Number
277-14-7479

State of Issuance of Social Security Number
Ohio

Death Date
Jun 1955

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HERCHEK, Mike

Birth Date
03 Oct 1923

Social Security Number
298-14-8131

State of Issuance of Social Security Number
Ohio

Death Date
Jun 1984

Death Benefit Localities
44314
Akron, Summit, Ohio
Kenmore, Summit, Ohio

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HERCHEK, Stephen

Birth Date
25 Apr 1903

Social Security Number
279-01-0572

State of Issuance of Social Security Number
Ohio

Death Date
Oct 1976

Death Residence Localities
44203
Barb, Summit, Ohio
Barberton, Summit, Ohio
Norton, Summit, Ohio

==========

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INDIVIDUAL RECORD

08 MAY 2001

==========

NAME: HERCHEK, Stephen

Birth Date
06 Sep 1926

Social Security Number
298-14-5939

State of Issuance of Social Security Number
Ohio

Death Date
Sep 1976

Death Residence Localities
44203
Barb, Summit, Ohio
Barberton, Summit, Ohio
Norton, Summit, Ohio

==========

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Pedigree Chart

Chart no. _____

No. 1 on this chart is the same as no. _____ on chart no. _____.

Mark boxes when ordinances are completed.

- [B] Baptized
- [E] Endowed
- [SP] Sealed to parents
- [SS] Sealed to spouse
- [F] Family Group Record exists for this couple
- [C] Children's ordinances completed

1 Herchek, KATHLEEN MARIE
(Name) [B] [E] [SP] [SS] [F] [C]
When born 31 August 1956
Where BARBERTON, OHIO SUMMIT COUNTY
When married
Where
When died
Where

(Spouse) [B] [E] [SP] [SS]

2 Herchek, Richard David
(Father) [B] [E] [SP] [SS] [F] [C]
When born 14 August, 1929
Where
When married 7 NOVEMBER,
Where
When died
Where

3 Skuban, Helen Christine
(Mother) [B] [E] [SP] [SS]
When born 31 JULY, 1934
Where
When died
Where

4 (Father of no. 2) [B] [E] [SP] [SS] [F] [C]
When born
Where
When married
Where
When died
Where

5 (Mother of no. 2) [B] [E] [SP] [SS]
When born
Where
When died
Where

6 (Father of no. 3) [B] [E] [SP] [SS] [F] [C]
When born
Where
When married
Where
When died
Where

7 (Mother of no. 3) [B] [E] [SP] [SS]
When born
Where
When died
Where

8 (Father of no. 4) [B] [E] [SP] [SS] [F] [C] Cont. on chart no. _____
When born
Where
When married
When died
Where

9 (Mother of no. 4) [B] [E] [SP] [SS] Cont. on chart no. _____
When born
Where
When died
Where

10 (Father of no. 5) [B] [E] [SP] [SS] [F] [C] Cont. on chart no. _____
When born
Where
When married
When died
Where

11 (Mother of no. 5) [B] [E] [SP] [SS] Cont. on chart no. _____
When born
Where
When died
Where

12 (Father of no. 6) [B] [E] [SP] [SS] [F] [C] Cont. on chart no. _____
When born
Where
When married
When died
Where

13 (Mother of no. 6) [B] [E] [SP] [SS] Cont. on chart no. _____
When born
Where
When died
Where

14 (Father of no. 7) [B] [E] [SP] [SS] [F] [C] Cont. on chart no. _____
When born
Where
When married
When died
Where

15 (Mother of no. 7) [B] [E] [SP] [SS] Cont. on chart no. _____
When born
Where
When died
Where

Your name and address	
Telephone number	Date prepared

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3/96. Printed in USA. 31826

Family Group Record

If typing, set spacing at 1 1/2. Page of

Write date as: 4 Oct. 1896

Write place as: Tryon, Polk, North Carolina, USA or St. Martins, Birmingham, Warwick, Eng.

Husband Given name(s): PAUL, DOUGLAS, DOUG | Last name: CANON | ☐ See "Other marriages"

		LDS ordinance dates	Temple
Born (day month year): 16 DEC 1951	Place: TULSA, OKLAHOMA		
Christened	Place	Baptized	
Died	Place	Endowed	
Buried	Place	Sealed to parents	
Married: 4 JULY 1984	Place: TUCSON, ARIZONA	Sealed to spouse: DIVORCED 17 June 2000	

Husband's father Given name(s): ELMER | Last name: CANON | ☒ Deceased

Husband's mother Given name(s) | Maiden name | ☐ Deceased

Wife Given name(s) | Maiden name | ☐ See "Other marriages"

		LDS ordinance dates	Temple
Born (day month year)	Place		
Christened	Place	Baptized	
Died	Place	Endowed	
Buried	Place	Sealed to parents	

Wife's father Given name(s) | Last name | ☐ Deceased

Wife's mother Given name(s) | Maiden name | ☐ Deceased

Children List each child (whether living or dead) in order of birth.

		LDS ordinance dates	Temple
1 Sex: Given name(s)	Last name		☐ See "Other marriages"
Born (day month year)	Place	Baptized	
Christened	Place	Endowed	
Died	Place	Sealed to parents	
Spouse Given name(s)	Last name		
Married	Place	Sealed to spouse	
2 Sex: Given name(s)	Last name		☐ See "Other marriages"
Born (day month year)	Place	Baptized	
Christened	Place	Endowed	
Died	Place	Sealed to parents	
Spouse Given name(s)	Last name		
Married	Place	Sealed to spouse	
3 Sex: Given name(s)	Last name		☐ See "Other marriages"
Born (day month year)	Place	Baptized	
Christened	Place	Endowed	
Died	Place	Sealed to parents	
Spouse Given name(s)	Last name		
Married	Place	Sealed to spouse	

Select ***only one*** of the following options. The option you select applies to all names on this form.

☐ **Option 1—Family File** Send all names to my family file at the _____ Temple.

☐ **Option 2—Temple File** Send all names to any temple, and assign proxies for all approved ordinances.

☐ **Option 3—Ancestral File™** Send all names to the computerized Ancestral File for research purposes only, not for ordinances. I am including the required pedigree chart.

Your name

Address

Phone ( )

Date prepared

Published by The Church of Jesus Christ of Latter-day Saints 10/93 Printed in USA 31827

Husband Given name(s) | Last name

Wife Given name(s) | Maiden name

Children List each child (whether living or dead) in order of birth.

Sex	Given name(s)	Last name		☐ See "Other marriages"
	Born (day month year)	Place	Baptized	
	Christened	Place	Endowed	
	Died	Place	Sealed to parents	
	Spouse Given name(s)	Last name		
	Married	Place	Sealed to spouse	
Sex	Given name(s)	Last name		☐ See "Other marriages"
	Born (day month year)	Place	Baptized	
	Christened	Place	Endowed	
	Died	Place	Sealed to parents	
	Spouse Given name(s)	Last name		
	Married	Place	Sealed to spouse	
Sex	Given name(s)	Last name		☐ See "Other marriages"
	Born (day month year)	Place	Baptized	
	Christened	Place	Endowed	
	Died	Place	Sealed to parents	
	Spouse Given name(s)	Last name		
	Married	Place	Sealed to spouse	
Sex	Given name(s)	Last name		☐ See "Other marriages"
	Born (day month year)	Place	Baptized	
	Christened	Place	Endowed	
	Died	Place	Sealed to parents	
	Spouse Given name(s)	Last name		
	Married	Place	Sealed to spouse	

LDS ordinance dates | Temple

Other marriages List other marriages and sealings of the husband, wife, and children on this form. List any necessary explanations.

Sources of information Add further information on attached sheets as necessary.

Note: Please take every reasonable step to see that the information on this form is as accurate and complete as practical. This will help maintain the integrity of Church family history files and reduce duplication of temple ordinance work.

Research Log

Ancestor's name

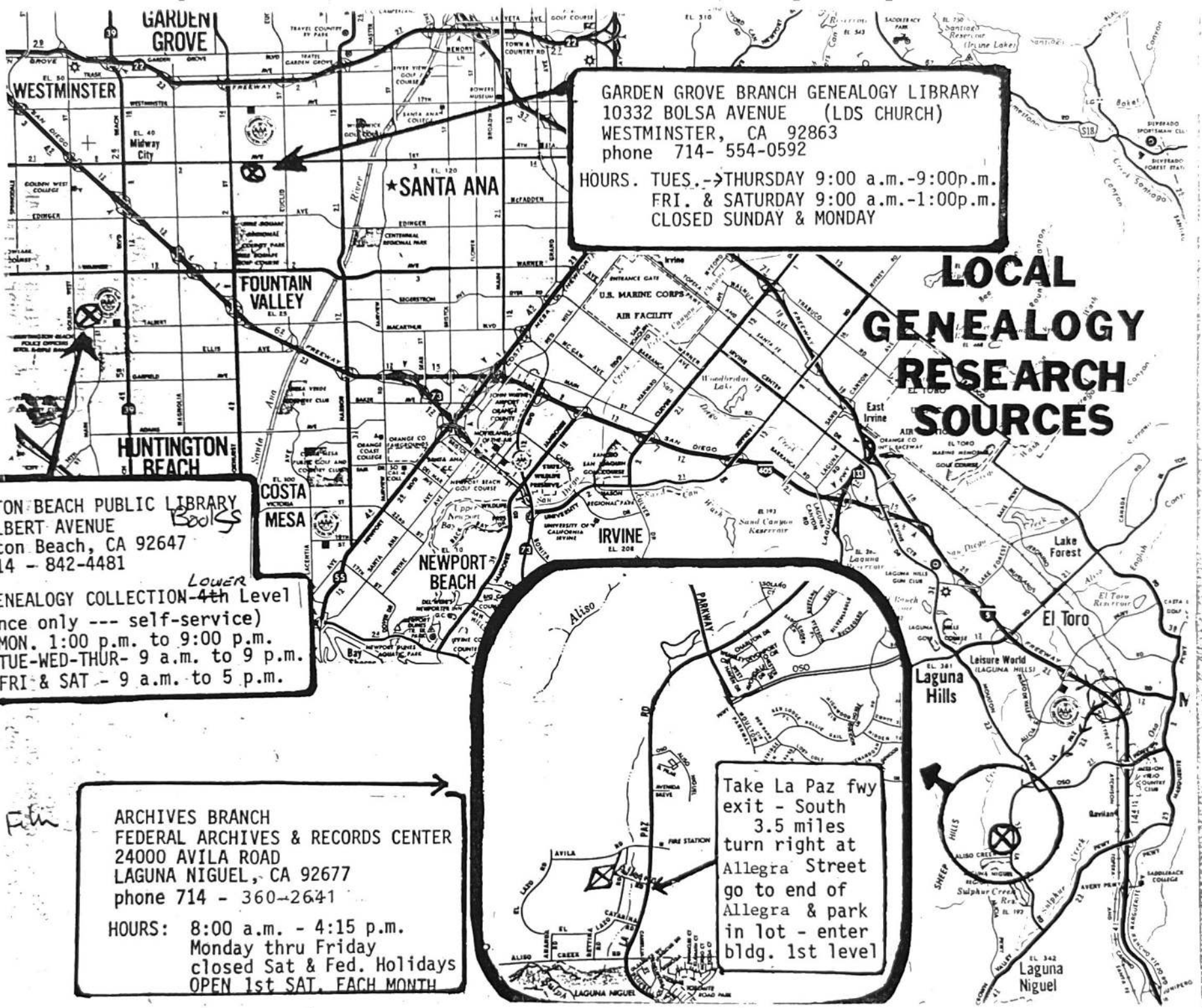
Objective(s)

Locality

Date of search	Location/ call number	Description of source (author, title, year, pages)	Comments (purpose of search, results, years and names searched)	Doc. number

5/88 Printed in the USA. 31825

LOCAL GENEALOGY RESEARCH SOURCES



GARDEN GROVE BRANCH GENEALOGY LIBRARY
10332 BOLSA AVENUE (LDS CHURCH)
WESTMINSTER, CA 92863
phone 714- 554-0592

HOURS. TUES.-→THURSDAY 9:00 a.m.-9:00p.m.
FRI. & SATURDAY 9:00 a.m.-1:00p.m.
CLOSED SUNDAY & MONDAY

HUNTINGTON BEACH PUBLIC LIBRARY
7111 TALBERT AVENUE
Huntington Beach, CA 92647
phone 714 - 842-4481

OCCGS-GENEALOGY COLLECTION ~~4th~~ LOWER Level
(reference only --- self-service)
HOURS: MON. 1:00 p.m. to 9:00 p.m.
TUE-WED-THUR- 9 a.m. to 9 p.m.
FRI & SAT - 9 a.m. to 5 p.m.

ARCHIVES BRANCH
FEDERAL ARCHIVES & RECORDS CENTER
24000 AVILA ROAD
LAGUNA NIGUEL, CA 92677
phone 714 - 360-2641

HOURS: 8:00 a.m. - 4:15 p.m.
Monday thru Friday
closed Sat & Fed. Holidays
OPEN 1st SAT. EACH MONTH

EUROPEAN PASSENGER & EMIGRATION LISTS INDEXES

EUROPEAN PASSENGER DEPARTURE LISTS:
The ports of Hamburg and Bremen were most popular for Central, North and Eastern Europe. LeHavre, Antwerp, and the Rotterdam served passengers from France, Belgium, Netherlands, Switzerland, Alsace-Lorraine and much of central and southern Germany. Other Euoropean ports were Naples and Trieste. Scandinavian ports include Gothenburg, Copenhagen, Trondheim and others. Many Europeans sailed to Britain and re-embarked from Liverpool or London. The records of Bremen, London and Rotterdam were destroyed. The following indexes are available:

BELGIUM, ANTWERP (ANTWERPEN) PASSENGER DEPARTURES 1855
CONTENTS: Index of people leaving the port of Antwerp, Belgium in 1855
5,000 Germans, French, Swiss, Italians, etc.
AVAILABILITY: On the Index Shelf in the reference area - 929.3H
USAGE: Alphabetical by surname, then given name

FRANCE, LE HAVRE
CONTENTS: Persons leaving port of LeHavre, France- very scanty
AVAILABILITY: See European Passenger & Emigration Lists Register for film numbers from Salt Lake
COMMENTS: Scanty; other emigration lists see FHLC France--Emigration

GERMANY, HAMBURG PASSENGER LISTS INDEXES (1850-1934 lists)
CONTENTS: Indexes to the passenger lists of persons leaving the port of Hamburg, Germany, 1855-1934
AVAILABILITY: Card Index to the direct lists, 1856-1871 (partial), film
Regular index to the direct passenger lists (we have part)
Regular index to the indirect passenger lists (films)
See the European Passenger & Emigration Lists Register for film numbers
IRELAND: Irish passenger lists, various years, see card catalog
SCANDINAVIAN PORTS --See FHLC under the country--Emigration

EMIGRATION INDEXES:
ALSACE EMIGRATION INDEX (1817-1866)
CONTENTS: Foreigners traveling through Alsace region 1817-1866 (good for Southern Germans); Gives town of origin and destination
AVAILABILITY: On Book Index shelf
Also films 1,069,293-1,069,294; 1,070,142

EMIGRANTS TO AMERICA FROM TRIER, GERMANY by Josef Mergen
19th century Surnames A-Z Film # 928,106

WUERTTEMBERG EMIGRATION INDEX, 5 Vols. (on Index shelf)
CONTENTS: Index of those who applied to emigrate from Wuerttemberg
For other areas of Germany see pamphlet "German Immigration to America in the Nineteenth Century" by Maralyn A. Wellauer pages 35-41
And the FHLC under Germany, province--Emigration
NETHERLANDS
Dutch Emigrants to U.S., S.Africa, & S.America, etc. 1835-1880 by Robert P. Swierenga 949.2 S - Gives town of origin
Dutch Immigrants in U.S. Ship Passenger Manifests 1820-1880 by Robert P. Swierenga Microfiche numbers 6200012-6200035
OTHER COUNTRIES - See FHLC under country--Emigration & Immigration

U.S. NATURALIZATION RECORDS

THE RECORDS:

Declaration of Intention ("first paper")- frequently filed with a court soon after immigration.

Final Papers:

Petition with accompanying affidavits and Oath of Allegiance

Certificate of Naturalization-issued by the court

Court Order became part of the court record. May be available even if other documents were destroyed

REQUIREMENTS:

State naturalization laws were in effect until March 26, 1790, law which required:

Residence in the state for 1 yr. and U.S. for 2 yrs.

Free, white, and good moral character

An Oath of allegiance to the U.S. constitution

1795 law changed residence requirement to 5 yrs.

1798 law changed residence requirement to 14 yrs.

Required Declaration of Intention 5 yrs. before final papers

1802 law required:

Resident of the state for 1 yr. and U.S. for 5 yrs.

Declaration of Intention be filed 3 yrs. previously

Good moral character and oath of allegiance requirements retained

Must denounce all allegiance to foreign states and particularly to head of country where applicant had been a subject.

Automatic citizenship of children of naturalized parents

1862 - 14th Amendment gave citizenship without regard to race

Automatic for large group of Blacks & Indians without process

1882 - Chinese excluded

Wives and children of naturalized males generally became citizens automatically.

If served in the U.S. military forces- could become citizens after honorable discharge, without need to file a Declaration previously

Large groups of people who attained citizenship without the usual naturalization procedures:

Inhabitants of Louisiana Purchase in 1803

Inhabitants of Florida (in 1810 and 1812) unless they chose to remain Spanish citizens

Citizens of the Republic of Texas in 1845 when Texas joined U.S

Inhabitants of Alaska in 1867 and Hawaii in 1898

Residents of Puerto Rico in 1917 and Virgin Islands in 1927 if they desired

Native Americans all became U.S. citizens 2 June 1924

BEFORE 1906

Naturalization records may include place and date of birth and port and date of arrival

County court naturalizations on film from Salt Lake are listed in the locality catalog under the state, county--Naturalization

U.S. District and Circuit courts under state-Naturalization

Consult Guide to Naturalization Records of the United States by Schaefer on reference table 973 P4s for applicable U.S. courts and location of naturalization documents not available on film

Consult Locating Your Immigrant Ancestor by Neagles 973 P47n for indexes at the county level.

Consult Major Naturalization Indexes Ref table 973 P4i for film numbers of major indexes

1906 AND LATER (Bureau of Immigration and Naturalization created)

Salt Lake has few naturalization records after 1906.

Send for Form G641 from The Immigration and Naturalization Service, 425 "I" Street, Washington, D.C. 20520.

MY VITAL STATISTICS RECORD

Full Name Violet Skuban Sex F Color or Race White-American

Residence No. 840 Mango City Brea Zip 92621 Phone 714-529-1244

Single–Married–Widowed–Divorced Married Husband or Wife of Nick Skuban

Date of Birth May 25, 1910

Occupation Homemaker Firm Name _____ How Long _____

Birthplace–City Yugoslavia State _____

Name of Father Mike Hromish Birthplace–City Yugoslavia State _____

Mother's Maiden Name Tina Mackay Birthplace–City Yugoslavia State _____

Length of Residence in Brea, 13 Yrs. Resided in California 29 Yrs. in U.S.A. 75 Yrs.

If Veteran, Name of War and Rank _____ Serial No. _____ Social Security No. 559-56-0712

Relationship	Name	Address	City	State	Zip
Daughter	Helen C. Herchek	17511 Jennifer Drive	Yorba Linda, CA.		
Son	Nickolas W. Skuban	840 Mango	Brea, CA.		

Executed Copy of This Instrument Is Held By:

Self
(Name of Friend or Relative)

Address _____ City _____ State _____ Zip _____

Phone No. _____

MEDICAL ALERT INFORMATION

1. BLOOD TYPE: _____ DIABETIC: NO EPILEPTIC: NO HEMOPHILIAC: NO HEART YES

   ALLERGIES TO MEDICATIONS: _____ INSURANCE COMPANY: Greek Catholic Union

   DOCTORS NAME: Dr. DiMassa ADDRESS: _____ TELEPHONE: 714-529-3971

2. HAVE YOU CONSULTED OR BEEN TREATED BY A DOCTOR OR PRACTITIONER OR AT A CLINIC OR HOSPITAL WITHIN THE PAST 5 YEARS? X YES _____ NO.

3. NOW UNDER TREATMENT OR TAKING ANY PRESCRIPTION DRUG? X YES _____ NO.

4. EVER HAD OR BEEN TOLD YOU HAD OR BEEN TREATED FOR EMPHYSEMA, BRONCHITIS, OR CHRONIC LUNG DISORDERS, HARDENING OF THE ARTERIES, HEART TROUBLE, LIVER TROUBLE, HIGH BLOOD PRESSURE, PARALYSIS, STROKE, MENTAL DISORDER, KIDNEY DISEASE OR CANCER? X YES _____ NO.

5. EVER HAD ANY SURGICAL OPERATION, BEEN TREATED FOR ALCOHOLISM OR DRUG ABUSE, OR BEEN UNDER THE OBSERVATION, CARE OR TREATMENT OF ANY HOSPITAL, SANITARIUM, OR ASYLUM? _____ YES _____ NO.

6. DO YOU OWN MEMORIAL PROPERTY? X YES _____ NO.

7. HAVE YOU MADE FUNERAL ARRANGEMENTS? Non-Funded thru Memory Garden YES _____ NO.

   MY SIGNATURE _____ DATE _____ WITNESS _____

PERSONAL PREFERENCE
AND
INSTRUCTION SHEET
OF

Violet Skuban

840 Mango

Brea, CA 92621

MEMORY GARDEN MEMORIAL PARK MORTUARY

455 West Central Avenue
Brea, California 92621
Telephone (714) 529-3961
(213) 692-6571

Brea Historical Society

Founded 1971

familysearch.org

Computer programs PAF 4.1 FAMILY TREE MAKER

John Lake

Send to registrar of county where born for photocopy of birth certificates.

Wedding license - marriage certificates

Death certificates - Both Babas

Dieds

Save stories - family stories

get pictures - any birth/death certificates

all family members -

Copy pages from family bibles -

Copies are better than hand written reproductions.

Family story Center in Orange

affadavits of heirship SS records World Centers epidemics

Property Titles

Farm Titles

Churches

probate records

wills

Aunts

Uncles

Cousins

Counties

Courthouses

Circuit Courthouses

military service

wars

immigration

social outcasts

|Genweb.com|

ROOTSURNAME (site)

public library - get phone numbers from area phone books.

Censuses - 1790 - present citizenship is covered -

Crime - courthouse records
Color & race
handicap
education / literacy
employment status
immigration year
institutionalized?
language
language of parents
marital status
married in past year
mortality
occupation
parents birthplace
pauperism
prisoners
slave status
Hispanic
wage rate
woman's maiden name

LAND RECORDS

Photos - preserving. light, humidity, moths, critters - destroy photos.
archival paper, archival sleeves, archival quality... will preserve.

GET COPIES!!! - white cotton gloves to handle pictures. Never pay more than $65 to restore a picture. See samples or copies first.

Display in UV safe glass. Protect from dust.

Acid free paper. HEAT!!! Avoid heat. 68° 48% hum. perfect

Extreme weather changes - cracks photos.

Background info -

Info about city / jurisdictions - wars, epidemics, disasters?

customs?

Federal, State, Church or local archives - family records are kept.

Godparents, guardians, international phone lists (on internet)

search a broad time period

use indexes - ask - many are incomplete -
check if cant find elsewhere

Proof -
Cechy = check place names
Bohemia

Native spelling - check languages
translations

Map of era you're looking in.

check radius of nearby cities -
did they live outside of big city.

Oxford.

ESSELTE

10%