

2020 Tour of Poland and Lithuania

Polish Genealogical Society of Connecticut and the Northeast

PRE-DEPARTURE QUESTIONNAIRE

Please fill out this form in its entirety. Do not leave anything blank.

I. YOUR INFORMATION

Name _____ Phone # (home) _____
Street address _____ cell# _____
City, State, Zip _____ e mail _____

If you will be using a cell phone while in Europe other than the number that you have provided above, list it here _____.

Country of Citizenship _____.

YOU MUST PROVIDE US WITH A COPY OF THE PAGE OF YOUR PASSPORT WITH YOUR PERSONAL DATA AND PHOTO. IF YOU HAVE NO PASSPORT OR YOURS WILL EXPIRE WITHIN SIX MONTHS OR LESS OF THE TRAVEL DATE APPLY NOW.

II. CONTACT INFORMATION FOR EMERGENCIES

Name _____ Phone _____
Address _____ E-mail _____
City, State Zip _____
Relationship to you _____

III. CONFIDENTIAL MEDICAL INFORMATION

This information will not be released to anyone except health care professionals in the event that you need treatment. We are gathering this information in the event of a medical emergency.

Please list any medical conditions which you feel are pertinent _____

Do you use/need a walker, cane or wheelchair (specify)? _____

Do you use/need any durable medical equipment (such as a CPAP machine etc?) If yes, specify the type of equipment. If it is an electronic device please be sure you have appropriate adapters and extension cords.

IV. EXTENSIONS OF STAY/ OTHER TRAVEL MISCELLANEA

Do you plan (circle one) to arrive earlier or stay later than the tour?

If yes please provide details.

If you live in the area, do you wish us to make arrangements for travel via van from a local travel agency from New Britain to JFK Airport? There is an additional fee for this service.

Yes _____ No _____

V. VILLAGE TRIP

Do you wish to visit your ancestral village(s)? Yes _____ No _____

If yes please complete the information below

Village 1

Village 2

Name of village _____

Province _____

Parish _____

What do you wish to do on your village trip? Check all that apply

- 1. Visit the parish church/cemetery _____
- 2. Search for living relatives _____
- 3. Other (specify) _____

Transportation to the village. Check all that apply

- 1. I will take public transportation _____
- 2. I will take a taxi _____
- 3. My relatives will pick me up _____
- 4. I want PGSCTNE to help me arrange my daytrip. _____

Financial arrangements for the village trips will be between you and the driver.

Daniel Bucko will be coordinating the village trips.

VI. ARCHIVAL RESEARCH

Note: Using archival materials requires reading knowledge of one or more of the following languages: Polish, Latin, Russian, German, Hebrew or Lithuanian.

Do you wish to do archival research? Yes___ No___

If yes list the following

Parish	Years	Record type (birth,marriage death, other)	Religion
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1.

2.

3.

After receiving your request we will determine if records exist for your parish and where they are located. If you are not 100% sure of the parish, send the name of the village and all other geographical information in your possession. Records were kept at the parish level thus this information is essential. Also send where in the US your ancestors settled in the event that we will need to verify information in American records plus the names of your immigrant ancestors.

If you do not wish to perform the research yourself you can hire a researcher to accompany you to the research venue before or after the trip. Please contact us for further details, If you wish to hire a researcher and NOT go to the research venue this is also possible. We can recommend a reliable, expert researcher.

Please print and return this questionnaire to:

**PGSCTNE
8 Lyle Road
New Britain, CT 06053-2104**

Questions? Further info? Call 860-229-8873 ONLY during the following hours
11:00 a.m.-4:30 pm or 9 p.m.-11 p.m. Eastern time or e-mail us at
info@pgsctne.org