

**I.C.U. Inc.**

1-888-342-7737

FAX (866) 329-8787



**SURNAME LISTING SERVICE  
ORDER FORM \$5.00 per page**

*This order form/disclaimer must be filled out  
entirely for us to process your request*

Orders will not be taken from or concerning Massachusetts residents.

This service is great for tracking your lineage, or finding relatives of your skip.

Normal turn around time is 2 days. It may, however, take up to 4 days.

The only information we require is the name.

NAME \_\_\_\_\_

AREA TO BE CHECKED (CITY, STATE, WHOLE COUNTRY) \_\_\_\_\_

SPECIAL INSTRUCTIONS OR INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE REASON I AM REQUESTING THIS INFORMATION IS (Check One)**

I am attempting to contact an old friend or relative

I am requesting information in regards to civil litigation: *(If pending, fill in "pending")*

Case No. \_\_\_\_\_ Court Name \_\_\_\_\_

**NOTE:** All information requests are held in confidence. No information will be disclosed to the person about whom you are requesting information.

I hereby affirm, certify and swear that the reason that I have requested this information is for the sole reason stated above, and that I have bona fide reason to request this information. I also swear that this information will not be used for anything illegal, immoral, obscene, or violent. I authorize you to bill my credit card, and agree to pay the issuing bank in accordance with my cardholder agreement.

**CREDIT CARD INFORMATION Visa, MasterCard, American Express, Discover**

CARDHOLDER NAME \_\_\_\_\_ CARDHOLDER ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**SEND THE INFORMATION TO ME:  
(Please Check Only One Item Below)**

By mail at the above address

By fax at this number \_\_\_\_\_

By E-Mail at this address \_\_\_\_\_

SIGNATURE \_\_\_\_\_