Dear Prospective Client

Thank you for choosing **Roots of Return Genealogy Services** to help uncover and preserve your family's history. It is an honor for me to walk alongside you as we explore the stories, struggles, and triumphs that shaped your lineage.

My mission is rooted in a deep commitment to **preserving the history of Africans in the diaspora**, stories too often lost, overlooked, or left untold. By documenting these histories, I strive to restore connections, reclaim heritage, and ensure that the legacy of our ancestors endures for generations to come.

In alignment with this mission, **I do not charge a research fee** for my work. However, genealogy research is a time-intensive process that requires careful examination of historical records, thoughtful analysis, and attention to detail. Because of this, I gratefully accept donations once a project is complete from clients who wish to support my ongoing efforts.

In order to begin your project, you must complete this Intake Packet in full and return it along with any available supporting documents. This information is essential to ensure the research is accurate, efficient, and tailored to your family's story.

I look forward to beginning this journey with you and discovering the unique chapters of your family's history. Please return this completed intake packet to TamiquiaSimon@rootsofreturn.com. If you have additional documents or photos, please include them when returning the packet.

With gratitude,

Dr. Tamiquia T. Simon
Founder & Genealogist
Roots of Return Genealogy

ROOTS OF RETURN
Where every beat remembers,
and every name returns.

Client Permissions Form for Use of Completed Work

Client Name: _____

Title: **Family History Project**

As part of our mission to restore and honor the lineages of African American families and diasporic communities, Roots of Return Genealogy may occasionally share completed projects, in part or in full, with prospective clients or for educational purposes. Additionally, this work may be submitted for confidential professional review in support of credentialing or renewal requirements with the Board for Certification of Genealogists. Your privacy and trust are of utmost importance, and no work will be shared without your explicit consent.

Please indicate your preferences below:

1. **May this project be shared with potential clients as a sample of work?**
   - ☐ Yes, the entire project may be shared, including names and details.
   - ☐ Yes, but only excerpts may be shared.
   - ☐ Yes, but only if names and identifying details are removed.
   - ☐ No, I prefer that this project not be shared in any form.
2. **May this project be used in workshops, educational presentations, or publications (print or digital) produced by Roots of Return Genealogy?**
3. ☐ Yes, with full attribution and details.
   - ☐ Yes, but only with names and identifying details removed.
   - ☐ No, I do not consent to this use.
4. **May this project be used for confidential professional purposes, such as submission for certification or renewal with the Board for Certification of Genealogist?**
   - ☐ Yes, I consent to this use.
   - ☐ Yes, but only if names and identifying details are removed.
   - ☐ No, I do not consent to this use.

Signature: _____ **Date:** _____

Research Request

Date: _____

Name: _____ (if female, use maiden name)

Year of Birth: _____

Phone: _____ Email: _____

1. **Please describe the main question(s) you want answered. Be as specific as possible.**

   _____

   _____

   _____

   _____

2. **Scope of Research**

   Please indicate your preferred focus (check all that apply):

   ☐ Direct Ancestry Line
   ☐ Specific Individual or Couple
   ☐ Entire Family Tree
   ☐ DNA Analysis Integration
   ☐ Other: _____

   Time frame to be researched: _____

   Geographic areas of interest: _____

3. **Prior Research**

   Have you or someone else already conducted research on this line?
   ☐ Yes — I will attach all notes, charts, and copies of sources.
   ☐ No — This will be the first research attempt.
   If yes, briefly describe: _____

4. **Special Considerations**

   Please list any special requests, sensitivities, or restrictions (e.g., adoption, sensitive family history, cultural considerations):

   _____

   _____

Family Information Chart

Please complete as much as possible. Include full names (**maiden names for women**), dates (birth, marriage, death), and places (city, county, state, country). If unknown, write "Unknown."

Relationship	Full name	Year of Birth and Location	Year of Dath and Location	Other places lived
Self				
Father				
Mother				
Paternal Grandfather				
Paternal Grandmother				
Maternal Grandfather				
Maternal Grandmother				