

State Society or Independent Chapter No. _____

General Society No. _____

IN THE	SOCIETY OF COLONIAL WARS
(State Society or Independent Chapter)	
I, the undersigned, hereby apply for membership in the So	ciety by right of lineal descent from
(Qualifying Ancestor)	
who was born at	on
and was a resident of	_ and died on
at	_
THAT THE SERVICES OF	Gen #

in the American Colonies upon which this claim of eligibility to membership is based, were as follows:

AUTHORITIES AS TO SERVICE

I declare upon honor that, if admitted to membership, I will endeavor to promote the purposes of this Society and observe its governing instruments and traditions.

Full name of Applicant:		
Occupation:		
Street Address:		
City, State, Zip Code:		
Email:		
Phone: Home:	Cell:	

AFFIDAVIT

In support of the application for membership of (give full name)

	(State)	(City or County)
1.	I, the applicant,	
	was born at	on
	Spouse of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	
	The said,	is the child of
2.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	

	The said,	is the child of
3.		
	was born at	on
	died at	_ on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	
	The said,	is the child of
4.		
	was born at	on
	died at	_ on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	

	The said,	is the child of
5.		
	was born at	on
	died at	_ on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	
	The said,	is the child of
6.		
	was born at	on
	died at	_ on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	

	The said,	is the child of
7.		
	was born at	_ on
	died at	_ on
	Husband of:	
	who was born at	_ on
	died at	_ on
	married at	_ on
	Proof:	
	The said,	is the child of
8.		
	was born at	_ on
	died at	_ on
	Husband of:	
	who was born at	_ on
	died at	_ on
	married at	_ on
	Proof:	

	The said,	is the child of
9.		
	was born at	on
	died at	_ on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	
	The said,	is the child of
10.		
	was born at	
	died at	_ on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	

	The said,	is the child of
11.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	
	The said,	is the child of
12.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	

	The said,	is the child of
13.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	
	The said,	is the child of
14.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	

	The said,	is the child of
15.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	
	The said,	is the child of
16.		
	was born at	on
	died at	on
	Husband of:	
	who was born at	on
	died at	on
	married at	on
	Proof:	

is the ancestor in the foregoing application, that the facts presented in the foregoing application are true to the best of his knowledge and belief. The generational line from the applicant to the ancestor, is lineal descent by blood to the best of the applicant's knowledge.

Secretary

Must be endorsed by one of the following officers of the submitting State Society or Independent Chapter: Examined and approved by (choose one)

Registrar

Genealogist

(Signature of Applicant)	(Signature)
Date:	Date:
GSCW # SS / IC#	APPLICATION FOR MEMBERSHIP OF
Society of Colonial Wars	IN RIGHT OF
Examined by the office of the Registrar General, GSCW	

(Signature of the Reviewing Genealogist, GCSW)

Date: