## Society of Colonial Wars

State Society or Independent Chapter No. \_\_\_\_\_

APPLICATION FOR MEMBERSHIP

General Society No.

IN THE	(State Society or Independent Chapter)	SOCIETY OF COLONIAL WARS
I, the undersigned, hereby apply for membership in the Society by right of lineal descent from		
	(Qualifying Anc	estor)
who was born at		on
and was a resident of		and died on
at		
THAT THE SERVIC	CES OF	
in the American Colonies	upon which this claim of eligit	pility to membership is based, were as follows:
	AUTHORITIES	AS TO SERVICE
I declare upon honor observe its governing instrum		will endeavor to promote the purposes of this Society and
	(Full name of Applican	t)
	(E-Mail)	

We, the undersigned, approve and recommend the above applicant for membership in this Society and from *personal acquaintance* believe the said applicant to be eligible and worthy and, if admitted, will be a desirable member:--

The approval of two members is necessary before this application can be considered.

## 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:	
who was born at	
died at	on
Husband of:	
who was born at	
died at	on
married at	on
Proof:	

The said,	was the child of
:	
	on
ied at	on
lusband of:	
ho was born at	on
ied at	on
narried at	on
roof:	
The said	was the child of
	was the child of
	on
ied at	
lusband of:	
ho was born at	
ed at	
arried at	

The said,	was the child of
5:	
who was born at	
died at	on
Husband of:	
who was born at	on
died at	on
married at	on
Proof:	
The said	was the child of
	was the child of
who was born at	
died at	
Husband of:	
who was born at	on
died at	
married at	
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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

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

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

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

## ADDITIONAL PROOF DOCUMENTS


## PERSONAL HISTORY OF APPLICANT INCLUDING ITEMS OF INTEREST TO HIS DESCENDANTS

1. Names of other gr	andparents than those given in application:
2. Name of Spouse	
	Date and place of birth
	Date and place of marriage
3: Names and dates	of birth of children
4. Education and de	grees
5. Military, naval or	civil service.

And deponent further says that the said

(Name of ancestor from whom eligibility is derived)

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, and that the generational line from the applicant to the ancestor and related proof documents in the form presented in the foregoing application have not resulted in a failed admission in any other State Society or Independent Chapter of the Society of Colonial Wars.

	(Signature of Deponent)	
Subscribed and sworn before me at:		
	(Place)	
This day of	A. D. 20	
	(Signature of Notary)	
Must be endorsed by one of the following officers of the submitting State Society or Independent Chapter: Examined and approved by the		
ecretary / Registrar / Genealogist		
Signature	_	
GSCW # SS / IC#		
Society of Colonial Wars		
APPLICATION FOR MEMBERSHIP OF		Examined and approved by the Registrar General, GSCW
IN RIGHT OF		Signature
		Date: