

Society of Colonial Wars

State Society or
Independent Chapter No. _____

SHORT FORM APPLICATION

General Society No. _____

IN THE _____ SOCIETY OF COLONIAL WARS
(State Society or Independent Chapter)

I, the undersigned, hereby apply for membership in the Society 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 _____

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) _____

(Address) _____

(E-Mail) _____

We, the undersigned, approve and recommend the above application 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.

NOTE: This form is for the use only by a son, grandson, blood brother or blood nephew of a member of the Society of Colonial Wars whose application for membership was dated after April 27, 1963

AFFIDAVIT

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

_____ [State]

_____ [City or County]

APPLICANT USE EITHER A, B, OR C

A. That the said applicant is the son or grandson of _____
a member of the _____ Society of Colonial Wars, and whose
(State Society or Independent Chapter)
State Society /IC Number is _____, and whose General Society Number is _____

B. That the said applicant is the blood brother of _____
a member of the _____ Society of Colonial Wars, and whose
(State Society or Independent Chapter)
State Society /IC Number is _____, and whose General Society Number is _____

C. That the said applicant is the blood nephew of _____
a member of the _____ Society of Colonial Wars, and whose
(State Society or Independent Chapter)
State Society /IC Number is _____, and whose General Society Number is _____

1. I, the applicant, _____
was born at _____ on _____
Spouse of: _____
who was born at _____ on _____
died at _____ on _____
married at _____ on _____
Proof: _____

The said, _____ was the child of

2. _____

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

3. _____

who was born at _____ on _____

died at _____ on _____

Husband of: _____

who was born at _____ on _____

died at _____ on _____

married at _____ on _____

Proof: _____

That to the best of the deponent's knowledge and belief the line of descent from

_____ set forth above is lineal and not in any generation by adoption.

(Name of Colonial Ancestor)

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

1. Names of grandparents other than those give 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 degrees

5. Military, naval or civil service.

The deponent further states 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.

Subscribed and sworn before me at:

(Signature of Deponent)

(Place)

This _____ day of _____ A. D. 20 _____

**Examined and approved by the
Registrar General, GSCW**

(Signature of Notary)

Signature

Date: _____

GSCW # _____ SS / IC. # _____

**Must be endorsed by one of the following
officers of the submitting State Society or
Independent Chapter:**

Society of Colonial Wars

APPLICATION FOR MEMBERSHIP OF

IN RIGHT OF

Examined and approved by the
State Secretary / Registrar / Genealogist

Signature

Date: _____