NEW APPLICATION CHECKLIST

Application signed by applicant.

Application signed by two sponsors.

Application signed by State Genealogist / Registrar / Secretary.

State Number on Application.

The husband is entered first in each generation, spouse entered second.

Dates entered as 01 JAN 2016.

Places entered with both City and County if given.

Names entered as First Middle Last.

Vital Records (Birth, Death, Marriage) supplied for first 3 generations when available.

A proof document supplied for each person, date and place.

All documentation has pertinent data underlined in red, with generation number in margins.



State Society or	
Independent Chapter No	
General Society No.	

IN THE	(State Society or Independent Chapter)	SOCIETY OF COLONIA	L WARS
		ip in the Society by right of lineal descent from	
	(Oualifyins	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 w	hich this claim of eligibility	to membership is based, were as follows:	
	AUTHORITIES	AS TO SERVICE	
I declare upon honor that, if admi its governing instruments and trac		endeavor to promote the purposes of this Society	and observe
	Full name of Applicant:		
	Occupation:		
	Street Address:		
	City, State, Zip Code:		
	Email:		
	Phone: Home:	Cell:	
		licant for membership in this Society and from <i>p</i> rthy and, if admitted, will be a desirable membe	
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.		
	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
1.		
	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
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
was born at	on	
died at	on	
Husband of:		
who was born at	on	
died at	on	
married at	on	
Proof:		

The said,		
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
was born at	on	
died at	on	
Husband of:		
who was born at	on	
died at	on	
married at	on	
Proof:		

The said,		
was born at		
died at		
Husband of:		
who was born at	on	
died at	on	
married at	on	
Proof:		
The said,		is the child of
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
11.			
	was born at	on	
	died at	on	
	Husband of:		
		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,	
13.	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
14.		
	was born at	_ on
	died at	_ on
	Husband of:	
	who was born at	on
	died at	_ on
	married at	on
	Proof:	

PERSONAL HISTORY OF APPLICANT INCLUDING ITEMS OF INTEREST TO HIS DESCENDENTS

1.	Names of grandparents other 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 degrees
5.	Military, naval or civil service

ADDITIONAL PROOF DOCUMENTS	(Place Generation number at the beginning of each line)

d applicant 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. The generational line from the applicant to the ancestor, is lineal descent by blood to the best of the applicant's knowledge.	Must be endorsed by one of the following officers of the submitting State Society or Independent Chapter: Examined and approved by (choose one) Secretary Registrar Genealogist
(Signature of Applicant) Date:	(Signature) Date:
	APPLICATION FOR MEMBERSHIP OF
GSCW # SS / IC#	IN RIGHT OF
Society of Colonial Wars	
Examined by the office of the Registrar General, GSCW	
	Date:

 $(Signature\ of\ the\ Reviewing\ Genealogist,\ GCSW)$