

SHORT FORM 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, including spouses.

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

Copy of relatives long form application approved after January 1, 1968, must be included with documentation. Applications based on a previous short form application are not acceptable. Long form applications based on a pre-1968 application are not acceptable.



Society of Colonial Wars

SHORT FORM APPLICATION FOR MEMBERSHIP

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 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 _____ 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: _____

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.

NOTE: This form is for 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 January 1, 1968

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. _____

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. _____

was born at _____ on _____

died at _____ on _____

Husband of: _____

who was born at _____ on _____

died at _____ on _____

married at _____ on _____

Proof:

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 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

The applicant states 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

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, GCSW

(Signature of the Reviewing Genealogist, GCSW)

Date: _____