

## **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.



# Society of Colonial Wars

## 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.

\_\_\_\_\_  
\_\_\_\_\_

# AFFIDAVIT

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

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(State) (City or County)

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

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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:

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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:

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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:

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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:

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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:

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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:

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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:

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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:

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The said, \_\_\_\_\_ is the child of

10. \_\_\_\_\_

was born at \_\_\_\_\_ on \_\_\_\_\_

died at \_\_\_\_\_ on \_\_\_\_\_

Husband of: \_\_\_\_\_

who was born at \_\_\_\_\_ on \_\_\_\_\_

died at \_\_\_\_\_ on \_\_\_\_\_

married at \_\_\_\_\_ on \_\_\_\_\_

Proof:

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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:

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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:

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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:

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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)

And 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)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_



APPLICATION FOR MEMBERSHIP OF

GSCW # \_\_\_\_\_ SS / IC# \_\_\_\_\_

\_\_\_\_\_

IN RIGHT OF

\_\_\_\_\_  
**Society of Colonial Wars**

\_\_\_\_\_

Examined by the office of the Registrar General, GSCW

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

Date: \_\_\_\_\_