



THE SOCIETY OF COLONIAL WARS IN THE STATE OF NEW HAMPSHIRE

PRELIMINARY MEMBERSHIP INQUIRY

Document Version / 1.0

This inquiry helps determine preliminary eligibility. It is not a formal application, and supporting documentation is not required at this stage. A Society representative may contact you regarding lineage, sponsorship, and the formal application process.

1. APPLICANT INFORMATION

Full legal name

Preferred name	Date of birth (MM/DD/YYYY)	
Street address		
City	State	ZIP
Telephone	Email	

2. PRELIMINARY ELIGIBILITY

Do you believe you descend from an eligible colonial ancestor?

☐ Yes ☐ No ☐ Unsure

Proposed qualifying colonial ancestor (if known)

Ancestor's colony or place of service	Approximate dates
Nature of qualifying service (civil, military, judicial, etc.)	

3. SOCIETY CONNECTIONS AND SERVICE

Current or prior hereditary society memberships (optional)

Military service (optional)

How did you learn about the Society?



LINE OF ASCENT - GENERATIONS 1 THROUGH 6

Please provide names and vital information to the best of your knowledge back to your qualifying ancestor.
Approximate information is acceptable.

Generation 1	Applicant's Full Name		
Birth		Spouse	

Generation 2	Qualifying Parent's Full Name		
Birth		Spouse	

Generation 3	Qualifying Grandparent's Full Name		
Birth		Spouse	

Generation 4	Qualifying Great-grandparent's Full Name		
Birth		Spouse	

Generation 5	Ancestor's Full Name		
Birth		Spouse	

Generation 6	Ancestor's Full Name		
Birth		Spouse	



LINE OF ASCENT - GENERATIONS 7 THROUGH 12

Continue the direct line to the proposed qualifying colonial ancestor.

Generation 7	Ancestor's Full Name		
Birth	Spouse	Death	
Generation 8	Ancestor's Full Name		
Birth	Spouse	Death	
Generation 9	Ancestor's Full Name		
Birth	Spouse	Death	
Generation 10	Ancestor's Full Name		
Birth	Spouse	Death	
Generation 11	Ancestor's Full Name		
Birth	Spouse	Death	
Generation 12	Ancestor's Full Name		
Birth	Spouse	Death	

4. ADDITIONAL NOTES AND CONTACT

Please include additional generations, lineage notes or explanations as indicated

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Proposer / member contact (if applicable)

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By submitting this inquiry, I certify that the information provided is accurate to the best of my knowledge and authorize the Society to contact me regarding membership eligibility and the application process.

Date

☐ I acknowledge the statement above.	
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