

Society of Colonial Wars

St. Soc. / IC No. _____

SUPPLEMENTAL APPLICATION FOR MEMBERSHIP

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

(Full name of Applicant) _____

(Occupation) _____

(Address) _____

(E-Mail) _____

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, _____ 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: _____

The said, _____ was the child of

4: _____

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

5: _____

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

6: _____

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

7: _____

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

8: _____

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

9: _____

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

10: _____

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

11: _____

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

12: _____

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

13: _____

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

14: _____

who was born at _____ on _____

died at _____ on _____

Husband of: _____

who was born at _____ on _____

died at _____ on _____

married at _____ on _____

Proof: _____

And deponent 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, 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.

(Signature of Deponent)

Subscribed and sworn before me at:

(Place)

This _____ day of _____ A. D. 20 _____

(Signature of Notary)

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

Examined and approved by the
Secretary / Registrar / Genealogist

Signature

Date: _____

GSCW # _____ SS / IC # _____

Society of Colonial Wars

APPLICATION FOR MEMBERSHIP OF

IN RIGHT OF

Examined and approved by the
Registrar General, GSCW

Signature

Date: _____