



Florida Pioneer Descendants Certification Program

Florida State Genealogical Society, Inc.

Contact Information

Please type or print the information requested.

Applicant Information:

Name: _____

Address: _____

City _____ State: _____ Zip +4: _____

Telephone: _____

E-mail: _____

Researcher Information:

If you have had someone other than yourself prepare your application, please provide their information as your Researcher so we may contact them with questions or corrections on your application.

Name: _____

Address: _____

City _____ State: _____ Zip +4: _____

Telephone: _____

E-mail: _____

Local Newspaper Information:

Name: _____

Address: _____

City _____ State: _____ Zip +4: _____

Telephone: _____

Contact (if known): _____

Pioneer(s) for which I am currently making application:

<u>Pioneer Name</u>	<u>County Settled</u>	<u>Type Certificate</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____



Florida Pioneer Descendants Certification Program

Florida State Genealogical Society, Inc.

State Certificate Application

I, the undersigned, hereby make application for the issue of a State Florida Pioneer Descendant Certificate, by right of descent from the Pioneer Ancestor named below who resided in the Florida Territory prior to **3 March 1845** and settled in a location which is within the present boundaries of Florida.

Printed Name of Applicant (as it is to appear on the certificate)

Name of Pioneer Ancestor

County Where Settled

Line of Descent Chart

Generation 1

(Proven)

(Proven)

Pioneer Name: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 2

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 3

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 4

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 5

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 6

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 7

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 8

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

I, the undersigned, do hereby certify that I am a direct descendant of the Florida Pioneer named within this application and that the information set forth is true and correct to the best of my knowledge and belief. I further acknowledge that all materials submitted become the property of the Florida State Genealogical Society and I hereby give my permission to publish said information. I understand copies of this application and the supporting documentation are located at the Florida State Archives where they are microfilmed and available for reproduction, are used by other researchers and are accessible to the general public.

AFFIDAVIT

STATE OF _____)
COUNTY OF _____)
At _____ (Location)
This _____ day of _____ personally came

(Type full name of Applicant)

Subscribed and sworn to before me,

(Signature of Applicant)

(Type Residence Address)



Florida Pioneer Descendants Certification Program

Florida State Genealogical Society, Inc.

County Certificate Application

I, the undersigned, hereby make application for the issue of a County Florida Pioneer Descendant Certificate, by right of descent from the Pioneer Ancestor named below who resided within the present boundaries of the County

of: _____ prior to _____
(County Name) (Date – see County Formation Dates)

Printed Name of Applicant (as it is to appear on the certificate)

Name of Pioneer Ancestor _____ County where Settled _____

Line of Descent Chart

		(Proven)			(Proven)
Generation 1					
Pioneer Name:	_____	<input type="checkbox"/>	Spouse Name:	_____	<input type="checkbox"/>
Birth Date:	_____	<input type="checkbox"/>	Birth Date:	_____	<input type="checkbox"/>
Birth Location:	_____	<input type="checkbox"/>	Birth Location:	_____	<input type="checkbox"/>
Marriage Date:	_____	<input type="checkbox"/>			
Marriage Location:	_____	<input type="checkbox"/>			
Death Date:	_____	<input type="checkbox"/>	Death Date:	_____	<input type="checkbox"/>
Death Location:	_____	<input type="checkbox"/>	Death Location:	_____	<input type="checkbox"/>
Generation 2					
Their Child:	_____	<input type="checkbox"/>	Spouse Name:	_____	<input type="checkbox"/>
Birth Date:	_____	<input type="checkbox"/>	Birth Date:	_____	<input type="checkbox"/>
Birth Location:	_____	<input type="checkbox"/>	Birth Location:	_____	<input type="checkbox"/>
Marriage Date:	_____	<input type="checkbox"/>			
Marriage Location:	_____	<input type="checkbox"/>			
Death Date:	_____	<input type="checkbox"/>	Death Date:	_____	<input type="checkbox"/>
Death Location:	_____	<input type="checkbox"/>	Death Location:	_____	<input type="checkbox"/>
Generation 3					
Their Child:	_____	<input type="checkbox"/>	Spouse Name:	_____	<input type="checkbox"/>
Birth Date:	_____	<input type="checkbox"/>	Birth Date:	_____	<input type="checkbox"/>
Birth Location:	_____	<input type="checkbox"/>	Birth Location:	_____	<input type="checkbox"/>
Marriage Date:	_____	<input type="checkbox"/>			
Marriage Location:	_____	<input type="checkbox"/>			
Death Date:	_____	<input type="checkbox"/>	Death Date:	_____	<input type="checkbox"/>
Death Location:	_____	<input type="checkbox"/>	Death Location:	_____	<input type="checkbox"/>
Generation 4					
Their Child:	_____	<input type="checkbox"/>	Spouse Name:	_____	<input type="checkbox"/>
Birth Date:	_____	<input type="checkbox"/>	Birth Date:	_____	<input type="checkbox"/>
Birth Location:	_____	<input type="checkbox"/>	Birth Location:	_____	<input type="checkbox"/>
Marriage Date:	_____	<input type="checkbox"/>			
Marriage Location:	_____	<input type="checkbox"/>			
Death Date:	_____	<input type="checkbox"/>	Death Date:	_____	<input type="checkbox"/>
Death Location:	_____	<input type="checkbox"/>	Death Location:	_____	<input type="checkbox"/>

Generation 5

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 6

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 7

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

Generation 8

Their Child: _____	<input type="checkbox"/>	Spouse Name: _____	<input type="checkbox"/>
Birth Date: _____	<input type="checkbox"/>	Birth Date: _____	<input type="checkbox"/>
Birth Location: _____	<input type="checkbox"/>	Birth Location: _____	<input type="checkbox"/>
Marriage Date: _____	<input type="checkbox"/>		
Marriage Location: _____	<input type="checkbox"/>		
Death Date: _____	<input type="checkbox"/>	Death Date: _____	<input type="checkbox"/>
Death Location: _____	<input type="checkbox"/>	Death Location: _____	<input type="checkbox"/>

I, the undersigned, do hereby certify that I am a direct descendant of the Florida Pioneer named within this application and that the information set forth is true and correct to the best of my knowledge and belief. I further acknowledge that all materials submitted become the property of the Florida State Genealogical Society and I hereby give my permission to publish said information. I understand copies of this application and the supporting documentation are located at the Florida State Archives where they are microfilmed and available for reproduction, are used by other researchers and are accessible to the general public.

AFFIDAVIT

STATE OF _____)
COUNTY OF _____)

At _____ (Location)
This _____ day of _____ personally came

(Type full name of Applicant)

Subscribed and sworn to before me,

(Signature of Applicant)

(Type Residence Address)

Inventory of Documents

DOC NO.	TYPE OF DOCUMENT	WHAT THE DOCUMENT ESTABLISHES AND SOURCE CITATION

Checklist to Organize Documents

Use the chart below to verify that you have sufficient documentation to prove each event for your Pioneer Certificate. Beginning with the Pioneer, note the type of document in the appropriate column. You will need either one Primary Source document *or* two Secondary Source documents. This is for your own use. You do not need to submit this Checklist with your application.

	Event and Date	Primary	Secondary 1	Secondary 2
Gen. 1	Pioneer Name -			
	FL Residency			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			
Gen. 2	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			
Gen. 3	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			
Gen. 4	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			

Checklist to Organize Documents

	Event and Date	Primary	Secondary 1	Secondary 2
Gen. 5	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			
Gen. 6	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			
Gen. 7	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			
Gen. 8	Name -			
	Relationship to Parent listed above			
	Birth			
	Marriage			
	Death			
	Spouse Birth			
	Spouse Death			

Biographical Synopsis of Pioneer

The Florida State Genealogical Society, Inc. will use the information you provide for information at the Pioneer Banquet when the certificates are awarded and for inclusion in future books and other publications. By submitting a biographical synopsis of your pioneer, you are granting the Florida State Genealogical Society, Inc. permission to reprint.

Pioneer Name: _____

Submitted By: _____

Signature: _____

Date: _____