

ILLINOIS STATE GENEALOGICAL SOCIETY



P.O. Box 10195 - Springfield, IL 62791-0195

CIVIL WAR COLLATERAL CERTIFICATES

The Illinois State Genealogical Society would like to honor the memory of Illinois' Civil War Veterans with a special certificate issued to their indirect descendants. These certificates are issued in recognition of the sacrifices made by their valiant relatives. In an effort to record and preserve material submitted for future generations the society will publish submissions.

ELIGIBILITY

To qualify for an Illinois State Genealogical Society Civil War Collateral Certificate, applicant must be an indirect descendant of a Civil War Veteran. Veteran must have served between 12 Apr 1861 and 18 Apr 1865 and have one of the following Illinois connections:

- Served in an Illinois Military Unit between 12 April 1861 and 18 April 1865.
(Gold seal on certificate)
- Civil War Veteran lived, died or is buried in Illinois.

(No residency requirement for applicant.)

FEE

_____ Fee for each veteran application submitted is \$20. One designated certificate is included in application fee. Certificate will be mailed after eligibility has been determined. The completed application with documented proof of indirect descent should be submitted with a check payable to the **Illinois State Genealogical Society**. Application fee is not refundable.

ADDITIONAL CERTIFICATES

Brothers, sisters, children, or grandchildren of the applicant who wish to **apply at the same time** as original veteran application will need to fill out an application. Their documentation need only show relationship to original applicant. These additional applications include one designated certificate each. Fee for these additional certificates is only \$10 each.

Any applications which are incomplete or inconclusive will result in communication with applicant, for additions or corrections, only twice under the original application fee.

DOCUMENTATION

Evidence submitted as documentation shall be sufficient to show that the applicant is an indirect descendant of the veteran who served during the Civil War for the Union or the Confederacy. Documentation must be sufficient to differentiate between two persons of the same name. Copies of vital records are acceptable if the seal is visible on the copy. If there is no vital record, at least two secondary proofs that support the same event, date or relationship must be submitted. **Applicant's name should be on the back of each document submitted.** Materials submitted become the property of the Illinois State Genealogical Society.

**ILLINOIS CIVIL WAR CERTIFICATE APPLICATION
INSTRUCTION SHEET**

⇒ One application for each certificate.

DOCUMENTS for Proof

⇒ Complete all of the application.

Examples:

⇒ Print or type application in black ink.

PRIMARY SOURCES: Record of an event made by a participant or eyewitness at or near the time of the event.

⇒ Start with yourself (applicant) as #1.

Military Records

* Enlistment

* Discharge

* Pension

Vital Records

* Birth Certificate

* Marriage Certificate

* Death Certificate

Church Records

Court records

* Land Records

* Probate Records

* Tax Records

Names:

Use all Caps for SURNAMES.

Use maiden names where applicable.

List all given names of an individual.

Quote marks around nicknames.

Place aliases in brackets.

Dates are written as **day/month/year**.

⇒ Document all events.

⇒ Consecutively number proof documents

⇒ Send only copies of original documents as documents will not be returned.

Official Government Records

⇒ On the **back** of proof document, **include:**

SECONDARY SOURCES: record of an event made long after the event - from hearsay statement.

Applicant and Veteran's name.

Complete citation for document.

As applicable:

* Title

* Author

* Volume

* Publishing information

* Page number

* Internet Site Name & URL

* Microfilm Number

Identifying document number.

Bible Record

* Include copy of publishing page showing date of publication.

* Entry should be contemporary with publication date of Bible or event.

Census Records

* Include copy of headings

Cemetery Records

Organization Records

* G.A.R. Records

⇒ Enclose a check for total amount payable to:

Illinois State Genealogical Society.

⇒ Mail everything to:

Obituaries

Diary Entries

Journals

Private Papers

Reminiscences

Newspaper clippings

* Include name of paper, location, date of publication and page.

ISGS Civil War Collateral Certificates

Attn: Project Chairperson

P.O. Box 10195

Springfield, IL 62791-0195

**APPLICATION FOR ILLINOIS GENEALOGICAL SOCIETY CIVIL WAR
COLLATERAL LINE CERTIFICATE**

I hereby give permission to the Illinois State Genealogical Society to reproduce the material herein submitted for this Civil War Certificate for their publication and microfilming projects.

Signature: _____ Date: _____

PLEASE PRINT OR TYPE THE REST OF THE APPLICATION

VETERAN'S Name(s): _____ Doc. # _____

Dates served in the Civil War: _____ Doc. # _____

Military Unit served in: _____ Doc. # _____

Dates served in Illinois Unit: _____ Doc. # _____

Dates & County of residence in Illinois: _____ Doc. # _____

Date & County of burial in Illinois: _____ Doc. # _____

APPLICANT'S name: (As it is to appear on certificate)

Address: _____

E-Mail address: _____

I, _____ am the (relationship) _____ of

1. (Civil War Relative) _____ who was born on

(date) _____ at (City) _____ (County) _____ (State) _____ Doc. # _____

died on (date) _____ at (City) _____ (County) _____ (State) _____ Doc. # _____

and married _____ Doc. # _____

who was born on (date) _____ at (City) _____ (County) _____ (State) _____ Doc. # _____

died on (date) _____ at (City) _____ (County) _____ (State) _____ Doc. # _____

The said (Veteran) _____ was the brother ___ sister ___ (Please check one) of

3. The said _____ and _____ were parents of _____

born on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
and married _____ Doc. # _____ who was born on (date) _____
at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ (County) _____ State _____ Doc.# _____

4. The said _____ and _____ were parents of _____
born on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
and married _____ Doc. # _____ who was born on (date) _____
at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ (County) _____ State _____ Doc.# _____

5. The said _____ and _____ were parents of _____
born on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
and married _____ Doc. # _____ who was born on (date) _____
at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ (County) _____ State _____ Doc.# _____

6. The said _____ and _____ were parents of _____
born on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
and married _____ Doc. # _____ who was born on (date) _____
at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ (County) _____ State _____ Doc.# _____

7. The said _____ and _____ were parents of _____
born on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ at (City) _____ (County) _____ State _____ Doc.# _____
and married _____ Doc. # _____ who was born on (date) _____
at (City) _____ (County) _____ State _____ Doc.# _____
died on (date) _____ (County) _____ State _____ Doc.# _____