



Order No. _____

The Order of First Families of Maryland

I, the undersigned apply for membership in said Order, and if accepted, I will endeavor to support the Articles and Bylaws of the Order, and all rules laws made pursuant thereto, and seek in all things the best interest of the Order.

Applicant's Name (first, MI, Last) _____

Applicant's Address (Street, City, State, Zipcode) _____

Applicant's Telephone No. _____ Applicant's E-Mail Address _____

Applicant having living children as follows: (Note any that are adopted):

Name (relationship)	Date of Birth	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member - Lineage Societies and Offices Held _____

College _____ Occupation _____ Military Service _____

Qualifying Maryland Ancestor: Name: _____

Resided in _____ County, Maryland Colony, by _____

RECOMMENDED BY THE UNDERSIGNED TWO ASSOCIATES OF THE SOCIETY

1. Proposer: _____ 2. Seconder: _____

Examined and approved by the Genealogist-General _____

Examined and approved by Registrar-General _____

Date elected _____ Secretary-General _____

Applicant _____

Date _____

Line of Ancestry

This short form is for the use of those who have, within the first 4 generations (counting parents as Gen. 2), an ancestor in the line of a blood relative member of the Order. Fill out the form only as far as the shared common ancestor. You must use an ancestor in colonial Maryland that was previously registered as a primary, or supplemental ancestor, by your blood relative member. Give the FULL NAME of the relative whose line is being used. Please give your RELATIONSHIP to relative (father, 1st cousin, etc.).

1. I, _____ was born at _____ on _____
married at _____ on _____ to _____
born at _____ on _____ died at _____
on _____ . SOURCES: _____

Gen 2. _____ was born at _____ on _____
died at _____ on _____ married at _____
on _____ to _____ born at _____
on _____ died at _____ on _____ . SOURCES: _____

Gen 3. _____ was born at _____ on _____
died at _____ on _____ married at _____
on _____ to _____ born at _____
on _____ died at _____ on _____ . SOURCES: _____

Gen 4. _____ was born at _____ on _____
died at _____ on _____ married at _____
on _____ to _____ born at _____
on _____ died at _____ on _____ . SOURCES: _____

Name of Blood Relative Member of the Order: _____
Your Relationship to That Member _____

The facts stated in this application are the truth to the best of my information and belief, and, so far as I am informed, my ancestors through whom I claim eligibility in the Order were all honorable men and women.

Applicant's Signature _____ Date _____ 20 _____