

Jackson County Genealogical Society  
2011 Civil War Sesquicentennial  
Ancestor Certificate Application

Please make a check for \$10 payable to: Jackson Co. Genealogical Society.

Mail check and application to: JCGS Library, 211 W. Ganson St., Suite 170, Jackson, MI 49201. Form should be as complete as possible.

Name of Civil War Ancestor _____ Alias (also known as): _____	Applicant Name: _____ Phone: _____ Street Address: _____ City/State/Zip: _____ e-Mail (optional): _____
Place(s) of Residence (just prior to enlistment) _____ (after service was completed) _____ _____	State of Enlistment _____ Date of Enlistment _____ Regiment & Company _____ Discharge Date _____
Was a pension received? Yes__ No__	State of Enlistment _____ Date of Enlistment _____ Regiment & Company _____ Discharge Date _____
<u>Note:</u> Use another sheet of paper for additional data.	

(Day/Month/Year)	(Township, city, county, state)		
Birth Date	Place		
Baptism Date	Place		
Death Date	Place		
Burial Date	Place		
<i>Wife #1</i>		<i>Wife #2</i>	
Marriage Date	Place	Marriage Date	Place
Wife #1 Birth	Place	Wife #2 Birth	Place
Wife #1 Death	Place	Wife #2 Death	Place

# GENERATION CHART

Please print or type clearly (females use maiden name)

Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Death Place: \_\_\_\_\_  
Proof of above: \_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Death Date: \_\_\_\_\_  
Death Place: \_\_\_\_\_ Death Place: \_\_\_\_\_  
Proof of above: \_\_\_\_\_  
\_\_\_\_\_

Grandfather: \_\_\_\_\_ Grandmother: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Death Date: \_\_\_\_\_  
Death Place: \_\_\_\_\_ Death Place: \_\_\_\_\_  
Proof of above: \_\_\_\_\_  
\_\_\_\_\_

Great Grandfather: \_\_\_\_\_ Great Grandmother: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Death Date: \_\_\_\_\_  
Death Place: \_\_\_\_\_ Death Place: \_\_\_\_\_  
Proof of above: \_\_\_\_\_

\_\_\_\_\_

Great Great Grandfather: \_\_\_\_\_ Great Great Grandmother: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Death Date: \_\_\_\_\_  
Death Place: \_\_\_\_\_ Death Place: \_\_\_\_\_  
Proof of above: \_\_\_\_\_

\_\_\_\_\_

Great Great Great Grandfather: \_\_\_\_\_ Great Great Great Grandmother: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_  
Death Date: \_\_\_\_\_ Death Date: \_\_\_\_\_  
Death Place: \_\_\_\_\_ Death Place: \_\_\_\_\_  
Proof of above: \_\_\_\_\_

\_\_\_\_\_

Note: if additional ancestors are needed, you may add them on a separate sheet of paper.

