

APPLICATION FOR CIVIL WAR FAMILIES OF HURON COUNTY, OHIO

Fill out completely. The documents for proof of service for each generation should be listed next to the corresponding number. Please type or print clearly. The \$10.00 application fee (\$5.00 supplement) must accompany the application, along with any additional family member fees (\$5.00 each). Mail to: Huron County Chapter, OGS, PO Box 923, Norwalk, OH 44857-0923.

Applicant Name as it will be listed on the certificate:

Street: _____

City, State, Zip Code: _____

Phone number and E-Mail: _____

Names for additional certificates:

Person(s) who served in the Civil War:	Unit:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant: _____

Date of Submission: _____

Applicant agrees, by signing, that all material becomes the property of the Huron Co. Chapter of the OGS, and said material will be made available to the public in the chapter library collection. In addition, applicant agrees, by signing, that information provided on the veteran, including, but not limited to, the service data, family group sheet, photograph, pension file, and Civil War letters, may, at any time be published by the Huron County Chapter, OGS.

Office Use Only

Approved by: _____ Date _____
CWFHC Chair Signature: _____

President's Signature: _____

Huron Co. Historian Signature: _____

CIVIL WAR FAMILIES OF HURON COUNTY
LINEAGE AND DOCUMENTATION

1. APPLICANT:

Date of Birth:	Place:
Date of Marriage:	Place:
Name of Spouse:	

2. PARENT:

Date of Birth:	Place:
Date of Death	Place:
Date of Marriage:	Place
Name of Spouse:	

3. GRANDPARENT:

Date of Birth:	Place:
Date of Death	Place:
Date of Marriage:	Place
Name of Spouse:	

4. GREAT GRANDPARENT:

Date of Birth:	Place:
Date of Death	Place:
Date of Marriage:	Place
Name of Spouse:	

5. GREAT GREAT GRANDPARENT:

Date of Birth:	Place:
Date of Death	Place:
Date of Marriage:	Place
Name of Spouse:	

6. GREAT GREAT GREAT GRANDPARENT

Date of Birth:	Place:
Date of Death	Place:
Date of Marriage:	Place
Name of Spouse:	

7. SIBLING OF NUMBER _____ ABOVE:

Date of Birth:	Place:
Date of Death	Place:
Date of Marriage:	Place
Name of Spouse:	

REFERENCES:

Service for Soldier: _____

Service for Additional Soldier: _____

Generation #1: _____

Generation #2 _____

Generation #3 _____

Generation #4 _____

Generation #5 _____

Generation #6 _____

Sibling #7: _____

Additional Certificates: _____

Additional Certificates: _____

[If not enough room, please number your documents, and put the number in the appropriate slot above.]