

The Society of Civil War Families of Licking County, Ohio
APPLICATION

INSTRUCTIONS: Fill in sections A, B, and C on this page. Document your ancestral and/or collateral lines on the forms provided. If you have more than one entry, these forms may be copied. Please type or handprint all information. Please use black ink. A check for \$20.00 must accompany this application. This application fee is not refundable.

Section A

Applicant's Name (<i>include maiden name if applicable</i>):	Street Address:	City:
Full name of Spouse (<i>if applicable</i>):	State:	9 digit Zip: County:

CIVIL WAR ANCESTORS/ANCESTRESSES OR COLLATERAL RELATIVES – Section B

Name of Soldier	Dates served in the Civil War	County of Residence in Ohio (<i>if applicable</i>)	Military Unit
Example: Ebenezer Applicant	6 May 1863 – 7 July 1865	Athens	1 st WV Cavalry
Example: Abraham Finalist	9 Dec 1864 – 1 Mar 1865	Mahoning	Squirrel Hunter
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Section D. Licking County Genealogical Society Use Only
Society Verification: _____

Section C. My LCGS Dues are paid for the year: _____

Section E. Licking County Genealogical Society Use Only	Section F. Licking County Genealogical Society Use Only
Proved ancestors or relatives:	Civil War Families of Licking County, Ohio Number:
1.	
2.	Date Application Received:
3.	
4.	
5.	Acceptance Date:
6.	
7.	
8.	Fee Received?
9.	
10.	Notes:

I agree that this application and all documents tendered with it become the property of the Licking County Genealogical Society.

Date: _____ **Signature:** _____

Mail your check or money order, this application, and your documentation to:
SCWFLC, LCGS, 101 West Main Street, Newark, OH 43055-5054

Approved by:
LCGS, Society of Civil War Families Committee Chair:
Licking County Genealogical Society President:

Licking County Genealogical Society, 101 W. Main St., Newark, OH 43055-5054

Standardized Lineage Society Application Worksheet

Society of Civil War Families of Licking County

(\$20.00 SCWFLC membership fee due upon application.)

Full name of applicant _____ Citizen of _____
 Address _____
 Applicant was born in _____ on _____ Is the son/daughter of

2. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

3. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

4. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

5. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

6. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

7. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

8. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

9. _____ born in _____
 on _____ and died in _____ on _____
 and _____ his wife, born in _____
 on _____ and died in _____ on _____
 Married in _____ on _____ that the said
 _____ was the son / daughter of:

Ancestor is (no. __): _____

SERVICE OF ANCESTOR - Give dates and particulars for lineage society qualification.

PROOF OF SERVICE - Title, volume, pages, documents, manuscripts, or other proofs.

CHILDREN OF ANCESTOR - Indicate marriage, if more than one.

Names	Date of Birth	To whom married (noting if married more than once)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROOF OF DESCENT (title, author, page, Bible record, public records, or other sources)

2nd Generation: _____

3rd Generation: _____

4th Generation: _____

5th Generation: _____

6th Generation: _____

7th Generation : _____

8th Generation: _____

9th Generation: _____

I married _____ on _____ at _____

born _____ son/ daughter of _____

My children _____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

Phone _____ Signature _____ Date _____

Applicants Name: _____

Address _____

City/State _____

Phone number _____

LICKING COUNTY GENEALOGICAL SOCIETY
101 West Main Street
Newark, Ohio 43055-5054
Phone (740) 349-5510