

First Families of Licking County, Ohio

Application for One Additional Family Member

(This form may be photocopied)

This form, may be submitted ONLY with a completed full-length FFLC application.

A check for \$5.00, plus your birth certificate (and marriage record, if applicable) must accompany this form.

Applicant _____ Street _____

City _____ State _____ Zip _____

I, _____, was born on _____

At _____; married on _____
City/County/State

At _____; to _____
City/County/State

I am the (please circle one) Brother, Sister, Nephew, Niece, Great-Nephew, Great Niece, Great-Great-Niece

Of: _____, who at this time, is

Submitting an application for membership in First Families of Licking County.

FFLC COMMITTEE USE

Date Received/Check #/Cash

LCGS Member Name/ID#

Short application fee

FFLC Member Number

Approved

Date