



Century Families of Medina County, Ohio Application



Instructions to Applicant: Fill in A, B, and C on this page. List your main ancestral line on pages 3 and 4, beginning with yourself as #1. Type or hand print in **black ink**. A check for \$25.00 must accompany the application. There is a \$10.00 charge for supplementary applications. Any new or supplementary applicant must be a current member of the **Medina County Genealogical Society**, a chapter of The Ohio Genealogical Society. The application fee is **non-refundable**. All applications with appropriate fees should be returned to the **Medina County Genealogical Society, P.O. Box 804, Medina, Ohio 44258-0804**.

A

Applicant's Name	Street or Mailing Address	City	State	Zip+4
()				
Telephone	E-mail Address	MCGS Dues are paid for the year		

Ancestors of the Applicant who resided in present-day Medina County, Ohio between 1 Jan 1881 and 31 Dec of the year 100 years prior to the current year.. (Example: 2009 – 1909; 2010 – 1910; etc..)

A standard pedigree chart is required when adding additional ancestors after the initial approval.

B	Name of Ancestor	Year first proved in Medina Co.	Medina County Township	Proof of Residency Document #'s	Judge's Use Only
					Approved Residency Date

This application and all supporting documents become the property of The Medina County Genealogical Society.

C

I _____ do hereby affirm that the statements set forth in this application, are true to the best of my knowledge.

Signature of Applicant

DATE: _____

APPROVED BY:

Lineage Societies of Medina County, Head Judge _____ Date _____

Medina County Genealogical Society President _____ Date _____

For MCGS Use Only	
Application Recv'd Date	_____
Application Fee	_____
Acceptance Date	_____
FMC Number	_____
Judged by	_____

ASCENT CHART FOR CENTURY FAMILIES OF MEDINA COUNTY

This application and all its supporting documents become the property of The Medina County Genealogical Society.

Be certain to include at least one supporting document for each statement below. List each document with its corresponding number on the "Documentation for Ascent Chart" page. Please put your name, address and a citation on the front of each document you submit.

Please do not use staples! If you check your papers and sort them carefully, number them correctly and submit them in the proper order, staples or paper clips will not be necessary.

Number(s) _____ below is/are my CENTURY FAMILIES OF MEDINA COUNTY ancestor(s).

1. I, _____

	First		Middle and/or maiden name		Surname
was born on _____		at _____			
	Date		City/Twp.	County	State
and married _____					Document number
born on _____		at _____			Document number
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State

2. I am the child of _____

					Document number
born on _____		at _____			
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State
and spouse _____					Document number
born on _____		at _____			Document number
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State
married on _____		at _____			Document number
	Date		City/Twp.	County	State

3. The said _____ is the _____

				Son or daughter	Document number
of _____					
born on _____		at _____			
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State
and spouse _____					Document number
born on _____		at _____			Document number
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State
married on _____		at _____			Document number
	Date		City/Twp.	County	State

4. The said _____ is the _____

				Son or daughter	Document number
of _____					
born on _____		at _____			
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State
and spouse _____					Document number
born on _____		at _____			Document number
	Date		City/Twp.	County	State
died on _____		at _____			Document number
	Date		City/Twp.	County	State
married on _____		at _____			Document number
	Date		City/Twp.	County	State

5. The said _____ is the _____
of _____
born on _____ at _____
died on _____ at _____
and spouse _____
born on _____ at _____
died on _____ at _____
married on _____ at _____

6. The said _____ is the _____
of _____
born on _____ at _____
died on _____ at _____
and spouse _____
born on _____ at _____
died on _____ at _____
married on _____ at _____

7. The said _____ is the _____
of _____
born on _____ at _____
died on _____ at _____
and spouse _____
born on _____ at _____
died on _____ at _____
married on _____ at _____

8. The said _____ is the _____
of _____
born on _____ at _____
died on _____ at _____
and spouse _____
born on _____ at _____
died on _____ at _____
married on _____ at _____

CFMC Applicant Name _____
(May be continued on additional pages if necessary)

Five-Generation Ancestor Chart

Chart # _____

Prepared By	
Name	Date
Address	
City/State/Zip	
E-mail	

#1 on this chart is the same as
_____ on chart # _____

b= birth date
m= marriage date
d= death date
p=place

