

Civil War Families of Pike County

P.O. Box 224, Waverly, Ohio 45690-0224

Collateral Line Application

Fill in sections on this page. Document your ancestral and/or collateral lines on the forms provided. Type or handprint all information in *black ink*. A \$20.00 application fee must accompany this application. This fee is non-refundable. There is no fee for supplemental applications. This application and accompanying documents become the property of CWFPC. Return to Pike County Genealogical & Historical Society P.O. Box 224, Waverly, Ohio 45690-0224.

Applicant's Name (and maiden name if applicable)	Street Address	County	
Full Name of Husband or Wife	City	State	Zip+4

Civil War Ancestors or Collateral Relatives

Name of Soldier	Date Served in Civil War	County of Residence in Ohio	Military Unit
Ex. Zebulon Pike	5 Nov. 1864-1 Apr 1865	Pike	Squirrel Hunter
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

I attest that the statements set forth in this application, are true to the best of my knowledge and belief.

Signature of Applicant _____ *Date* _____

PCG Dues are paid for year _____ Applicant's E- Mail Address _____

SOCIETY USE ONLY BELOW THIS LINE

PROVED ANCESTORS OR RELATIVES
1
2
3
4
5
6
7
8

Civil War Families of Pike County NUMBER _____
DATE APPLICATION RECEIVED _____
ACCEPTED? _____ FEE RECEIVED \$ _____

Approving signature _____ Date _____

Civil War Families of Pike County
Ascent Chart for **COLLATERAL** Line Ancestor /Ancestress

You must include a supporting document for each statement below. This might be a birth certificate, marriage certificate, or death certificate. When these are not to be found at the official level, other evidence, such as Bible Records, census, letter, etc. may be used. Number your documents for each event (SEE #8 RULES FOR SUBMITTING) List these documents and their document numbers on the "Documentation" page. Put your name and address on the back of each page of every document you send. Please do not use staples or paper clips.

I, _____, am number (No #) _____ below. When you have reached yourself on the chart, please put that generation in the space provided above.

No. 1 - below is my collateral line Civil War relative. The proof of service is contained in the attached documents. Please check the appropriate space(s) below and be sure your name and address are on each document and list them on page 7.

Discharge _____ Pension _____ Muster Roll _____ Other (explain) _____

No. 2 below is my direct ancestor/ancestress. You **must** show proof that the direct ancestor/ancestress is a sibling of the person listed as No. 1.

I, _____ am the (relationship) _____ of

No. 1. (Civil War Relative) _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc #) _____

And married _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

They were married (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

The said _____ was the brother _____
or sister _____ (please check one)

CW Collateral Line

No. 2. of _____ (Doc #) _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc #) _____

And married _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

They were married (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

No. 3. The said _____ and _____
were the parents of _____ (Doc#) _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc #) _____

And married _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

They were married (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

No. 4. The said _____ and _____
were the parents _____ (Doc#) _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc #) _____

CW Collateral Line

And married _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

They were married (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

No. 5. The said _____ and _____
were the parents of _____ (Doc#) _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc #) _____

And married _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

They were married (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

No. 6. The said _____ and _____
were the parents of _____ (Doc#) _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc #) _____

And married _____

Who was born on (Date) _____ at (City) _____ (County) _____
(State) _____ (Doc#) _____

And died on (Date) _____ at (City) _____ (County) _____

CW Collateral Line

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

Doc # _____ Description of document: _____

If you have more proofs of relationships, please use another page and title it 'DOCUMENTATION' No. 2. Number your document copies accordingly.

MILITARY SERVICE DOCUMENTATION

Please list below documentation of Civil War service in Pike County *or* residency in Pike County at any time during the person's life and Civil War service in any military unit for the individual through whom eligibility is claimed.

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____

Description of Document: _____