



The Ohio Genealogical Society Settlers & Builders of Ohio Application

Date Received _____
Fee Paid _____
Check Number _____
Membership Year _____
(For OGS Use Only)

Instructions to Applicant:

Please read the *Lineage Society Rules and Application Procedures* before completing this application. Do not write in shaded areas. List your main ancestral line on pages 2, 3, and 4, beginning with yourself as #1. Type or hand print all information. On the separate Document List page, list proof documents that accompany the application. Write specific document number(s) at the end of each application line to indicate sources(s) of information. A typed, numbered list of source documents may be substituted for the Document List page. Sign and date page 4 of the application.

Any new or supplementary applicant must be a current member of The Ohio Genealogical Society. A non-refundable \$40 application fee must accompany the application. There is no fee for supplemental applications. This application and accompanying documents become the property of The Ohio Genealogical Society. Mail application(s) and fees to:

The Ohio Genealogical Society, 611 State Route 97 West, Bellville, Ohio 44813

Applicant's Name _____
Given Middle Maiden Surname

Street Address _____

Town, State, +4 Zip Code _____ County _____

E-mail Address _____ Telephone Number _____

If this is a supplemental application, write your Settlers & Builders of Ohio member number here. _____

(For OGS Use Only)

Ancestor who resided in Ohio between 1 January 1821 and 31 December 1860	Year First Proved in Ohio & Doc #	County First Proved in Ohio & Doc #	Approved	SBO Number

Approved by: (For OGS Use Only)

Settlers & Builders of Ohio Committee Chairman	Date Accepted	SBO Member Number

Settlers and Builders of Ohio—Application

1.	I,	<div style="display: flex; justify-content: space-between; font-size: 8px; margin-bottom: 2px;"> First Middle and/or Maiden Name Surname </div>	Doc #
	was born on	at	Doc #
		City /County/ State	Doc #
	on	at	Doc #
		City /County/ State	Doc #
	married to		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
2.	I am the child of		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
	and spouse		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
	married on	at	Doc #
		City /County/ State	Doc #
3.	The said		Doc #
		is the <input type="checkbox"/> son <input type="checkbox"/> daughter	Doc #
	of		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
	and spouse		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
	married on	at	Doc #
		City /County/ State	Doc #
4.	The said		Doc #
		is the <input type="checkbox"/> son <input type="checkbox"/> daughter	Doc #
	of		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
	and spouse		Doc #
	born on	at	Doc #
		City /County/ State	Doc #
	died on	at	Doc #
		City /County/ State	Doc #
	married on	at	Doc #
		City /County/ State	Doc #

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5.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
	of _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	and spouse _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	married on _____ at _____	City /County/ State	Doc #
6.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
	of _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	and spouse _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	married on _____ at _____	City /County/ State	Doc #
7.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
	of _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	and spouse _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	married on _____ at _____	City /County/ State	Doc #
8.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
	of _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	and spouse _____	_____	Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
	married on _____ at _____	City /County/ State	Doc #

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If needed, use the spaces below to add additional generations. Please write the number of the appropriate generation on the space provided before each generation.

___	The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____		Doc # _____
	born on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	died on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	and spouse _____		Doc # _____
	born on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	died on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	married on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
___	The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____		Doc # _____
	born on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	died on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	and spouse _____		Doc # _____
	born on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	died on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	married on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
___	The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____		Doc # _____
	born on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	died on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	and spouse _____		Doc # _____
	born on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	died on _____	at _____	Doc # _____
		City /County/ State	Doc # _____
	married on _____	at _____	Doc # _____
		City /County/ State	Doc # _____

Certification

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

Signature of Applicant _____ **Date** _____
(This application may be signed and submitted by the person who has researched and compiled the lineage for the applicant.)

