

Century Families of Ohio—Application

1.	I, _____	<div style="display: flex; justify-content: space-between; width: 100%;"> First Middle and/or Maiden Name Surname </div>	Doc #
	was born on _____ at _____	City /County/ State	Doc #
	on _____ at _____	City /County/ State	Doc #
	married to _____		Doc #
	born on _____ at _____	City /County/ State	Doc #
	died on _____ at _____	City /County/ State	Doc #
2.	I am the child 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 #
3.	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 #
4.	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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5.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter		_____
	of _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	and spouse _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	married on _____ at _____	City /County/ State	_____
6.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter		_____
	of _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	and spouse _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	married on _____ at _____	City /County/ State	_____
7.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter		_____
	of _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	and spouse _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	married on _____ at _____	City /County/ State	_____
8.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter		_____
	of _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	and spouse _____		_____
	born on _____ at _____	City /County/ State	_____
	died on _____ at _____	City /County/ State	_____
	married on _____ at _____	City /County/ State	_____

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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.)

