Society of Civil War Families of Ohio Documentation Record

Applicant's Name_____Date_____

Use these documentation pages for all proof documents except the military service documentation requested on the last page of either the SCWFO Direct Ancestor Application or the SCWFO Collateral Ancestor Application.

Applicants may substitute a numbered, typed list of documents for this form. This form may be photocopied.

Document Number	**Document Description** *Include all identifying information such as author/title, volume/page number, census source, family document provenance, cemetery name/location, photograph identification. Write numbers in the upper right-hand corner of each document.*

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