



THE OHIO GENEALOGICAL SOCIETY

SOCIETY of CIVIL WAR FAMILIES of OHIO
Application

Date Received _____
 Fee Paid _____
 Check Number _____
 OGS Member _____
 (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 source(s) of information. A typed, numbered list of source documents may be substituted for the Document List page. **Sign and date the application on the front page.** 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 a \$15 non-refundable fee for supplemental applications. This application and accompanying documents become the property of The Ohio Genealogical Society. Mail application(s) and fees to:
Ohio Genealogical Society, 611 State Route 97 West, Bellville, Ohio 44813

| | |
|---|--|
| Name of Applicant –include maiden name if applicable | Full Name of Spouse – include maiden name if applicable |
| | |
| Street Address | City/State/Zip |
| | |
| Email Address | Phone |

If this is a supplemental application, please write your Society of Civil War Families of Ohio number here _____

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 **MUST** be signed to be reviewed. This application, information, and all supporting documents and data become the property of the Ohio Genealogical Society. **CD's of your application are permissible (in PDF format) in addition to your paper application.** A CD is only a backup and must be complete. For questions or concerns, contact scwfo@ogs.org

APPLICATIONS MUST BE RECEIVED AT THE OGS OFFICE OR POSTMARKED BY NOV 30

MY Ancestors for the SOCIETY of CIVIL WAR FAMILIES of OHIO are:

| Name of Soldier Direct Relative or Collateral Relative | Dates Served in the Civil War | Military Unit & Company | County of Residency in Ohio (If applicable) | Accepted OGS use only | SCWFO Ancestor Number |
|---|--|-------------------------------|---|-----------------------------|-----------------------------|
|---|--|-------------------------------|---|-----------------------------|-----------------------------|

Please use additional sheet of paper if more than 8 ancestors are being submitted.

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APPROVED BY: (For OGS Use Only)

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|--|------------------------|----------------------------|
| | | |
| Society of Civil War Families of Ohio Chair | Acceptance Date | SCWFO Member Number |

5. The said _____ Is the son ____/daughter ____ of

Document Number

The said _____

Document Number

Born on _____ at _____
First Middle Surname

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

And his wife _____

Document Number

Born on _____ at _____
First Middle Maiden Name

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

Married on _____ at _____

Document Number

City County State

Document Number

6. The said _____ Is the son ____/daughter ____ of

Document Number

The said _____

Document Number

Born on _____ at _____
First Middle Surname

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

And his wife _____

Document Number

Born on _____ at _____
First Middle Maiden Name

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

Married on _____ at _____

Document Number

City County State

Document Number

7. The said _____ Is the son ____/daughter ____ of

Document Number

The said _____

Document Number

Born on _____ at _____
First Middle Surname

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

And his wife _____

Document Number

Born on _____ at _____
First Middle Maiden Name

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

Married on _____ at _____

Document Number

City County State

Document Number

8. The said _____ Is the son ____/daughter ____ of

Document Number

The said _____

Document Number

Born on _____ at _____
First Middle Surname

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

And his wife _____

Document Number

Born on _____ at _____
First Middle Maiden Name

Document Number

City County State

Document Number

Died on _____ at _____

Document Number

City County State

Document Number

Married on _____ at _____

Document Number

City County State

Document Number

Society of Civil War Families of Ohio – Collateral Relative Application - Part B

For Collateral relatives, please complete Part A of the application form first.

Following is a list of my Collateral relatives(s)

Starting with #1 – give the name of the collateral person and on the next line their father as listed in Part A. Continue for all collateral persons you are submitting.

1. _____ is the son ___ daughter ___
of _____ in Part A of the application.

| | |
|---------------------------|-------|
| Born on _____ at _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Died on _____ at _____ | _____ |
| _____ | _____ |
| Spouse _____ | _____ |
| _____ | _____ |
| Born on _____ at _____ | _____ |
| _____ | _____ |
| Died on _____ at _____ | _____ |
| _____ | _____ |
| Married on _____ at _____ | _____ |
| _____ | _____ |

2. _____ is the son ___ daughter ___
of _____ in Part A of the application.

| | |
|---------------------------|-------|
| Born on _____ at _____ | _____ |
| _____ | _____ |
| Died on _____ at _____ | _____ |
| _____ | _____ |
| Spouse _____ | _____ |
| _____ | _____ |
| Born on _____ at _____ | _____ |
| _____ | _____ |
| Died on _____ at _____ | _____ |
| _____ | _____ |
| Married on _____ at _____ | _____ |
| _____ | _____ |

3. _____ is the son ___ daughter ___
of _____ in Part A of the application.

| | |
|---------------------------|-------|
| Born on _____ at _____ | _____ |
| _____ | _____ |
| Died on _____ at _____ | _____ |
| _____ | _____ |
| Spouse _____ | _____ |
| _____ | _____ |
| Born on _____ at _____ | _____ |
| _____ | _____ |
| Died on _____ at _____ | _____ |
| _____ | _____ |
| Married on _____ at _____ | _____ |
| _____ | _____ |

4. _____ is the son ___ daughter ___
of _____ in Part A of the application.

| | |
|---------------------------|-----------------|
| Born on _____ at _____ | _____ |
| _____ | Document Number |
| Died on _____ at _____ | _____ |
| _____ | Document Number |
| Spouse _____ | _____ |
| _____ | Document Number |
| Born on _____ at _____ | _____ |
| _____ | Document Number |
| Died on _____ at _____ | _____ |
| _____ | Document Number |
| Married on _____ at _____ | _____ |
| _____ | Document Number |

5. _____ is the son ___ daughter ___
of _____ in Part A of the application.

| | |
|---------------------------|-----------------|
| Born on _____ at _____ | _____ |
| _____ | Document Number |
| Died on _____ at _____ | _____ |
| _____ | Document Number |
| Spouse _____ | _____ |
| _____ | Document Number |
| Born on _____ at _____ | _____ |
| _____ | Document Number |
| Died on _____ at _____ | _____ |
| _____ | Document Number |
| Married on _____ at _____ | _____ |
| _____ | Document Number |

6. _____ is the son ___ daughter ___
of _____ in Part A of the application.

| | |
|---------------------------|-----------------|
| Born on _____ at _____ | _____ |
| _____ | Document Number |
| Died on _____ at _____ | _____ |
| _____ | Document Number |
| Spouse _____ | _____ |
| _____ | Document Number |
| Born on _____ at _____ | _____ |
| _____ | Document Number |
| Died on _____ at _____ | _____ |
| _____ | Document Number |
| Married on _____ at _____ | _____ |
| _____ | Document Number |



Military Service Documentation—Collateral Ancestor

Please number and describe below the documentation of Civil War service for the direct collateral ancestor(s) submitted on this application. When numbering, be sure to not repeat numbers used on the separate application Document List.

| Document Number | Document Description <small>Please include a brief description of your document, i.e., <i>John Smith pension file application</i>. The document citation must appear on your submitted document. The document number must appear in the upper right-hand corner of your submitted document and on any line of the application for which that document serves as proof.</small> |
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| Military Unit & Company | |

| Generation 1 | |
|--------------|--------------------------------|
| | Birth |
| | Marriage |
| | Divorce/Remarriage |
| | Spouse's Birth |
| | Spouse's Death |
| | Proof/child to next generation |

| Generation 2 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Generation 3 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Generation 4 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Generation 5 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Generation 6 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Residency Proven | | | |
|------------------|-----|------|--------|
| Name | B/D | Year | County |
| | | | |
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| NOTES: | |
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| Generation 7 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Generation 8 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

| Generation 9 | |
|--------------|--------------------------------|
| | Male Birth |
| | Male Death |
| | Marriage |
| | Divorce/Remarriage Female |
| | Female Birth |
| | Female Death |
| | Proof/child to next generation |

LINEAGE CHECKLIST – Please make sure all generations are linked from one to the next