



THE OHIO GENEALOGICAL SOCIETY

MILITARY ORDER OF DAUGHTERS and SONS 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 Military Order of Daughters and Sons 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 modso@ogs.org

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

MY Ancestors for the MILITARY ORDER OF DAUGHTERS AND SONS OF OHIO are:

Name of Military Candidate Direct Relative or Collateral Relative	Generation Number	Dates Served	Military Unit & Company	County of Residency in Ohio (If applicable)	Accepted OGS use only	MODSO Ancestor Number
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Please use additional sheet of paper if more than 8 candidates are being submitted.

APPROVED BY: (For OGS Use Only)

Military Order of Daughters and Sons of Ohio Chair	Acceptance Date	MODSO Member Number

MILITARY ORDER of DAUGHTERS and SONS of OHIO – DIRECT RELATIVE - ASCENT CHART - PART A

Be certain to include at least one supporting document for each statement below. List each document with its corresponding number on the “Documentation for Ascent Chart” page. Please put your name, address and a source citation on documents you submit. Please do not use staples or gummed labels. If you check your papers and sort them carefully, number them correctly, and submit them in the proper order, staples or paper clips will not be necessary. More than one document can be indicated to support the fact stated.

1.	I _____	First	Middle	Maiden Name	Surname	_____	Document Number
	was born on _____ at _____			City	County	State	_____
	I married _____	First	Middle	Maiden Name	Surname	_____	Document Number
	Born on _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	Married on _____ at _____			City	County	State	_____
2.	I am the child of _____	First	Middle	Maiden Name	Surname	_____	Document Number
	Born on _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	And his wife _____	First	Middle	Maiden Name	Surname	_____	Document Number
	Born on _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	Married on _____ at _____			City	County	State	_____
3.	The said _____ Is the son ____/daughter ____ of _____	First	Middle	Maiden Name	Surname	_____	Document Number
	The said _____			City	County	State	_____
	Born on _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	And his wife _____	First	Middle	Maiden Name	Surname	_____	Document Number
	Born _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	Married on _____ at _____			City	County	State	_____
4.	The said _____ Is the son ____/daughter ____ of _____	First	Middle	Maiden Name	Surname	_____	Document Number
	The said _____			City	County	State	_____
	Born on _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	And his wife _____	First	Middle	Maiden Name	Surname	_____	Document Number
	Born on _____ at _____			City	County	State	_____
	Died on _____ at _____			City	County	State	_____
	Married on _____ at _____			City	County	State	_____

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

MILITARY ORDER of DAUGHTERS and SONS of OHIO

Collateral Relative Application: Part B

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

1. List the name of the collateral relative.
2. Link the collateral relative to your Direct Ancestor in Part A
3. Then complete the birth, death, and spouse's information for the collateral relative.
4. List all proof documents for the collateral relative on this year, including Military Service Documentation.

Complete ONE copy of Part B for each collateral relative.

Name: _____ is the son ___ daughter ___
of _____ [Gen # _____] in Part A of the application.

Born on _____	at _____				
		City	County	State	Document Number
Died on _____	at _____				
		City	County	State	Document Number
Spouse _____					
	First	Middle	Maiden Name		Document Number
Born on _____	at _____				
		City	County	State	Document Number
Died on _____	at _____				
		City	County	State	Document Number
Married on _____	at _____				
		City	County	State	Document Number

Documentation—Collateral Candidate

When numbering, be sure to not repeat numbers used on the separate application Document List.

Document Number	Document Description
	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.
Military Unit & Company	

Generation 1	
<input type="checkbox"/>	Birth
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage
<input type="checkbox"/>	Spouse's Birth
<input type="checkbox"/>	Spouse's Death
<input type="checkbox"/>	Proof/child to next generation

Generation 2	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Generation 3	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Generation 4	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Generation 5	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Generation 6	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Residency Proven			
Name	B/D	Year	County

NOTES:

Generation 7	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Generation 8	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Generation 9	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

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