



OHIO GENEALOGICAL SOCIETY
MILITARY ORDER OF DAUGHTERS AND SONS OF OHIO
LINEAGE SOCIETY APPLICATION

[For OGS Use Only]	
Date Received:	_____
Fee Paid:	_____
Check Number:	_____
OGS Member:	_____

Mail application(s) and fees to: **Ohio Genealogical Society, 611 State Route 97 West, Bellville, Ohio 44813**

APPLICATIONS MUST BE RECEIVED IN THE OFFICE OR POSTMARKED BY NOV 30.

Instructions: 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 the ancestral chart, beginning with yourself as #1. Type or 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. The applicant must be a current member of The Ohio Genealogical Society. This application and accompanying documents become the property of The Ohio Genealogical Society.

<u>Name of Applicant</u> – include maiden name if applicable		<u>Full Name of Spouse</u> – include maiden name if applicable	
Street Address		City/State/Zip	
Email Address		Phone	

APPLICATION FEE A non-refundable application fee must accompany the application.	ANCESTORS	NEW APPLICATION	SUPPLEMENTAL APPLICATION
	• Up to 8 ancestors	\$40	\$15
• 9 to 15 ancestors	\$50	\$25	
• 16 or more	\$60	\$35	

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

If this is a supplemental application, please write your member number here: _____

Signature of Applicant _____ Date _____

This application MUST be signed to be reviewed. This application, information, and all supporting documents and data becomes the property of the Ohio Genealogical Society. For questions or concerns, contact the lineage chair.

MY ANCESTORS FOR CONSIDERATION IN MODSO ARE:

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

FIRST AND LAST NAME	YEAR FIRST PROVED IN OHIO	COUNTY	DOCUMENT # PROVING RESIDENCY	Accepted OGS use only	Ancestor Number

APPROVED BY: LINEAGE SOCIETY CHAIR	ACCEPTANCE DATE	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

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	

