



Jackson County Genealogical Society

First Families of Jackson County

Application

JCOGS Use Only
Date Received _____
Fee Paid _____
Check Number _____
Membership Year _____
JCOGS Membership# _____

Instructions to Applicant:

Please read the *Lineage Society Rules and Application Procedures* before completing this application. Do not write in shaded area. List your main ancestral line on pages 2, 3, and 4, 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. A typed, numbered list of source documents may be substituted for the Document List page. Sign and date page 4 of the application. Any new or supplementary applicant must be a current member of the Jackson County Genealogical Society.

A \$20 application fee must accompany the application. There is a \$10 fee for supplemental applications. This application and accompanying documents become the property of the Jackson County Genealogical Society. Mail application(s) and fees to: **Jackson County Genealogical Society, P.O. Box 807, Jackson, Ohio 45640-0807**

Applicant's Name _____
Given Middle Maiden Surname/Married

Street Address _____

Town, County, State, Zipcode _____

E-mail Address _____ Telephone number _____

If this is a supplemental application, write your First Families of Jackson County member number here _____

Ancestor who resided in Jackson County by 31 December 1830	Year first Proved in Jackson County	Approved	FFJC Number

Approved by: (For JCOGS Use Only)

First Families of Jackson County Chairman	Date Approved	FFJC Member Number

Application for First Families of Jackson County

1. I, _____
First
Middle
Maiden Name
Surname
Doc #

was born on _____ at _____
day/month/year
City
County
State
Doc #

On _____ at _____ I was married to _____
City/County/State
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 _____
son or 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 _____
son or 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 #

Application for First Families of Jackson County

5. The said _____ is the _____ son or daughter _____ Doc #
of _____ Doc #
born on _____ at _____ Doc #
City/County/State
died on _____ at _____ Doc #
City/County/State
and spouse _____ Doc #
born on _____ at _____ Doc #
City/County/State
died on _____ at _____ Doc #
City/County/State
married on _____ at _____ Doc #
City/County/State
6. The said _____ is the _____ son or daughter _____ Doc #
of _____ Doc #
born on _____ at _____ Doc #
City/County/State
died on _____ at _____ Doc #
City/County/State
and spouse _____ Doc #
born on _____ at _____ Doc #
City/County/State
died on _____ at _____ Doc #
City/County/State
married on _____ at _____ Doc #
City/County/State
7. The said _____ is the _____ son or daughter _____ Doc #
of _____ Doc #
born on _____ at _____ Doc #
City/County/State
died on _____ at _____ Doc #
City/County/State
and spouse _____ Doc #
born on _____ at _____ Doc #
City/County/State
died on _____ at _____ Doc #
City/County/State
married on _____ at _____ Doc #
City/County/State

Application for First Families of Jackson County

8.	The said _____ is the _____	son or 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 #
9.	The said _____ is the _____	son or 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 #
10.	The said _____ is the _____	son or 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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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.)

