



Jackson County Genealogical Society  
Civil War Families of Jackson County

Application

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

**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 Civil War Families of Jackson County member number here \_\_\_\_\_

Name of Soldier Direct Ancestor or Collateral Relative	Dates Served In the Civil War	Military Units	Approved	CWFJC Number

Approved by: (For JCOGS Use Only)

Civil War Families of Jackson County Chairman	Date Approved	CWFJC Member Number

# Application for Civil War 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 #

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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 Civil War Families of Jackson County

**8.** 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

**9.** 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

**10.** 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

=====  
**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.)

Application for Civil War Families of Jackson County

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Surnames being followed \_\_\_\_\_

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

<b>Document Number</b>	<b>Document Description</b> <i>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.</i>



