

Jackson County Genealogical Society

First 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, Sta	ate, Zipcode								
E-mail Address	E-mail Address T					elephone number			
If this is a supple	emental application,	write your First Families	of Jackson County mem	aber number here					
		or who resided in ty by 31 Decembe	r 1830	Year first Proved in Jackson County	Approved	FFJC Number			
Approved by: (For	JCOGS Use Only)							
First Families of I	ackson County Ch	airman	Date Approv	ed FFIC Member 1	Viimber				

ı.	I,	M. 1.11	M. '1 N	C	
	First	Middle	Maiden Name	Surname	Doc #
	was born onday/month/year	Ci	ty County		<u></u>
	On at	C:t/Ct/Stt-	I was marri	ed to	
	born on	at			
	died on	City/County/State at			Doc#
•		City/County/State			Doc #
Z.	I am the child of				Doc #
	born on	atCity/County/State			Doc #
	died on	at			
	and spouse	City/County/State			Doc #
	born on	at			Doc#
		City/County/State			Doc #
	died on	City/County/State			Doc #
	married on	at City/County/State			Doc #
3.	The said	•			
	of			son or daughter	Doc #
	born on	at			Doc#
		City/County/State			Doc #
	died on	City/County/State			Doc #
	and spouse				Doc #
	born on	at City/County/State			<u></u>
	died on	at			
	married on	City/County/State at			Doc #
4.	The soid	City/County/State	in the		Doc#
→.	The said		is the	son or daughter	Doc #
	of		· · · · · · · · · · · · · · · · · · ·		Doc #
	born on	atCity/County/State			 Doc #
	died on	at			
	and spouse	City/County/State			Doc #
	born on				Doc#
		City/County/State			Doc #
	died on	City/County/State			Doc #
	married on	atCity/County/State			Doc #

5.	The said _	is the	
	_	son or daug	hter Doc#
	_		Doc#
		at City/County/State	Doc #
	died on	at City/County/State	
		City/County/State	
	born on	at	Doc#
		City/County/State	Doc #
	died on	at City/County/State	
	married on	atat	
		City/County/State	Doc#
6.	The said	is the	
	of	son or daug	hter Doc #
			Doc #
	born on	at City/County/State	
	died on	at	D. #
	and spouse	City/County/State	Doc #
			Doc#
	DOTH OH	at City/County/State	
	died on	at City/County/State	
	married on	atat	
		City/County/State	Doc#
7.	The said	is the	
	of	son or daug	hter Doc #
			Doc#
	born on	at City/County/State	
	died on	at City/County/State	
	and spouse	, , ,	
	horn on	at	Doc#
		at City/County/State	Doc #
	died on	at City/County/State	
	married on	at	
		City/County/State	Doc#

	The said			is the		
					son or daughter	Doc ‡
						Doc 4
	J'. 1	at C	City/County/State			Doc #
	died on	at Ci	ty/County/State			Doc #
	and spouse					Doc #
	born on	at C	City/County/State			Doc #
	died on		Sity/County/State			Doc #
	married on	at	City/County/State			
	The said			is the		
	of				son or daughter	Doc #
	born on					Doc 4
		C	City/County/State			Doc #
		Ci	ty/County/State			Doc #
	and spouse					Doc #
	born on		City/County/State			Doc #
	died on	at	City/County/State			Doc #
	married on	at	City/County/State			Doc
).	The said			is the		
	of				son or daughter	Doc #
	born on	at				Doc 4
	died on		City/County/State			Doc #
		Ci	ty/County/State			Doc #
						Doc #
	born on	C	City/County/State			Doc #
	died on	at C	City/County/State			Doc #
	married on	at	City/County/State			Doc
	Certification	:======:			=======================================	=======
	I.		. do hereby sy	vear/attest that the	ne statements set fo	orth in thi
	application are tru	e to the bes	, do hereby sw t of my knowledge a	nd belief.		J

Applicant's Name		Date		
Surnames b	eing followed y substitute a numbered, typed list of documents for this form. This form t	nay he photocopied.		
Applicants may substitute a numberea, typea ust of abcuments for this form. This form may be photocopiea.				
Document Number	Document Description Include all identifying information such as author/title, volume/page number, centerery name/location, photograph identification. Write numbers in the upper to the company of the c			