



**Gallia County Genealogical Society,
OGS Chapter
Century Families of Gallia County
Application**

Date Received	_____
Fee Paid	_____
Check Number	_____
Membership Year	_____
(For GCGS Use Only)	

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 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 page 4 of the application.

Any new or supplementary applicant must be a current member of the Gallia County Genealogical Society. A \$15 application fee must accompany the application. There is no fee for supplemental applications. This application and accompanying documents become the property of the Gallia County Genealogical Society. Mail application(s) and fees to:

The Gallia County Genealogical Society, P.O. Box 1007, Gallipolis, Ohio 45631

Applicant's Name _____
Given Middle Maiden Surname

Street Address _____

Town, State, +4 Zip Code _____ County _____

E-mail Address _____ Telephone Number _____

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

(For GCGS Use Only)

Ancestor who first resided in Gallia County between 1 January 1861 and 31 December of the year 100 years prior to the year of application (e.g. 31 December 1912)	Year First Proved in Gallia County	Document #	Approved	CFGC Number

Approved by: (For GCGS Use Only)

Century Families of Gallia County Committee Chairman	Date Accepted	CFGC Member Number

Century Families of Gallia County Application

1. I,	_____		_____		_____		_____
	First	Middle and/or Maiden		Surname			Doc #
	was born on _____	at _____					_____
				City/County/State			Doc #
	on _____	at _____					_____
				City/County/State			Doc #
	married to _____						_____
							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 _____							_____
							Doc #
	is the ____ son ____ daughter						_____
	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			_____
4. The said _____							_____
							Doc #
	is the ____ son ____ daughter						_____
	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			_____

Century Families of Gallia County Application

5. The said _____ is the ___ son ___ daughter	_____
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 #
6. The said _____ is the ___ son ___ daughter	_____
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 #
7. The said _____ is the ___ son ___ daughter	_____
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 #
8. The said _____ is the ___ son ___ daughter	_____
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 #
_____	Doc #

Century Families of Gallia County Application

If needed, use the spaces below to add additional generations. Please write the number of the appropriate generation on the space provided before each generation.

___ The said _____ is the ___ son ___ daughter of _____ born on _____ at _____ died on _____ at _____ and spouse _____ born on _____ at _____ died on _____ at _____ married on _____ at _____	_____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc #
___ The said _____ is the ___ son ___ daughter of _____ born on _____ at _____ died on _____ at _____ and spouse _____ born on _____ at _____ died on _____ at _____ married on _____ at _____	_____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc #
___ The said _____ is the ___ son ___ daughter of _____ born on _____ at _____ died on _____ at _____ and spouse _____ born on _____ at _____ died on _____ at _____ married on _____ at _____	_____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc # _____ Doc #

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.)

