

# Gallia County Genealogical Society, OGS Chapter First Families of Gallia County Application

Date Received Fee Paid
Check Number
(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 Street Address Town, State, +4 Zip Code\_\_\_\_\_County\_\_\_\_ E-mail Address Telephone Number If this is a supplemental application, write your First Families of Gallia County member number here (For GCGS Use Only) Year First Document # **FFGC** Approved Ancestor who resided in Gallia County by 31 December 1820 Proved in Number Gallia County Approved by: (For GCGS Use Only)

First Families of Gallia County Committee Chairman Date Accepted FFGC Member Number

### First Families of Gallia County Application

1. I,			<del></del>	
First was born on	Middle and/or Maiden at		Surname	Doc#
	at	City/County/State		Doc #
		City/County/State		Doc #
				Doc #
born on	at	City/County/State		Doc #
died on	at	City/County/State		
2. I am the child of				
born on	at			Doc #
died on	at	City/County/State		Doc #
and spouse		City/County/State		Doc#
	at			Doc#
		City/County/State	<del>-</del>	Doc#
	at	City/County/State	<del></del>	
married on	at	City/County/State		 Doc #
3. The said			is the son daughter	
of				
born on	at			Doc #
died on	at	City/County/State		Doc #
and spouse		City/County/State		Doc#
_				Doc#
	at	City/County/State		Doc #
	at	City/County/State		Doc #
married on	at	City/County/State		
4. The said			is the son daughter	
of				
born on	at			
died on	at	City/County/State		Doc #
and spouse		City/County/State		Doc#
born on				Doc #
		City/County/State		Doc#
	at	City/County/State		Doc #
married on	at	City/County/State		

### First Families of Gallia County Application

5. The said			is the	son	daughter	
of						Doc #
born on	at					Doc#
	at	City/County/State				Doc#
		City/County/State				Doc#
•	at					Doc #
		City/County/State				Doc #
	at	City/County/State			<del></del>	Doc #
	at					
			is the	son	daughter	Doc#
of						
born on	at	City/County/State				
died on	at	City/County/State				Doc #
and spouse						
born on	at	City/County/State				
died on	at					
married on	at					
7. The said			is the	son	daughter	
of						Doc #
born on	at	City/County/State				
died on	at					Doc #
and spouse		City/County/State				Doc #
born on	at					Doc #
died on	at	City/County/State				Doc #
	at	City/County/State				Doc#
			is the	son	daughter	Doc #
					8	Doc#
	at					Doc#
		City/County/State				Doc #
	at	City/County/State			<del></del>	Doc #
_						Doc #
	at	City/County/State			<u></u>	
	at	City/County/State				Doc#
married on	at					

#### First 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			Doc#
born on			Doc#
died on		City/County/State	Doc #
		City/County/State	Doc #
and spouse			Doc#
born on	at	City/County/State	Doc #
died on	at	City/County/State	Doc#
married on	at		
_ The said		is the son daughter	
of			
born on	at		Doc #
died on	at	City/County/State	Doc #
and spouse		City/County/State	Doc#
born on			Doc#
		City/County/State	Doc #
died on		City/County/State	Doc#
married on			Doc #
_ The said		is the son daughter	Doc #
of			Doc #
born on	at	City/County/State	
died on	at		
and spouse		City/County/State	Doc #
born on	at		Doc #
died on	at	City/County/State	Doc#
		City/County/State	Doc#
married on			Doc #
Certification			
,		, do hereby swear/attest that the statements set forth in this applicati	on are true
o the best of my knowledge ar	nd belief.		
Signature of Applicant		Date	

July 2011W

## First Families of Gallia County Documentation Record

Applicant's N	Jame Date
Surnames bei	
Surrames ser	Applicants may substitute a numbered, typed list of documents for this form. This form may be photocopied.
Document	Document Description
Number	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.

Document Number	Document Description  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.
	euch document.