



**Gallia County Genealogical Society,
 OGS Chapter
 Settlers & Builders 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 Settlers & Builders of Gallia County member number here _____

(For GCGS Use Only)

Ancestor who resided in Gallia County between 1 January 1821 and 31 December 1860	Year First Proved in Gallia County	Document #	Approved	SBGC Number

Approved by: (For GCGS Use Only)

Settlers & Builders of Gallia County Committee Chairman	Date Accepted	SBGC Member Number

Settlers & Builders 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 _____ is the ____ son ____ 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 ____ 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 #

Settlers & Builders of Gallia County Application

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

