

## Gallia County Genealogical Society, **OGS** Chapter **Society of Civil War 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	Given	Middle		Maiden		Surname	
Town, State, +4 Zip Co	de			_County			
E-mail Address				Telephone N	Number		
If this is a supplemental ap	oplication, write your Soci	ety of Civil War Fa	milies of Ga	llia County member	number here_		
						(For GCGS	Use Only)
	oo served or lived in Gal or and/or Collateral Rel			Served in the vil War	Military Unit	Approved	SCWFGC Number
I, to the best of my knowled Signature of Applicant (This application may be seen application ma	4				T		
Approved by: (For GCGS Use	e Only)						
Society of Civil War I	Families of Gallia Coun	nty Committee Ch	airman	Date Accep	oted	SCWFGC Mem	her Number
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## Society of Civil War Families of Gallia County - Collateral Relative Application

Number 1 below is my collateral Civil War relative. Number 2 below is my direct ancestor who is the sibling of number 1.

I below is my collateral Civil War relative. Number 2 below is my direct ancestor who is the sibling of number 1.

(When yo	u have reached yourself on the application, p	lease put that generation number in the space provided here.)	
First	Middle and/or Maiden	Surname	Doc #
	at	City/County/State	Doc #
died on	at	City/County/State	Doc #
and spouse			
born on	at	City/County/State	
died on	at	City/County/State	
married on	at		
The said		City/County/State was the brother sister	Doc #
2. of			Doc #
(Direct Ancestor)	at		Doc#
	at	City/County/State	Doc#
		City/County/State	Doc#
			Doc #
	at	City/County/State	 Doc #
	at	City/County/State	Doc #
married on	at	City/County/State	 Doc #
3. The couple listed in #2 v	vere the parents of		 Doc #
born on	at	City/County/State	
died on	at	City/County/State	Doc #
who married		City/County/State	Doc #
born on	at		Doc#
died on	at	City/County/State	Doc#
	at	City/County/State	Doc #
		City/County/State	Doc #
4. The couple listed in #3 v	were the parents of		Doc #
born on	at	City/County/State	 Doc #
died on	at	City/County/State	 Doc #
who married			
born on	at	6:16	
died on	at	City/County/State	Doc #
married on	at	City/County/State	Doc #
		City/County/State	Doc#

## Society of Civil War Families of Gallia County - Collateral Relative Application

5. The couple listed in	#4 were the parents of		
born on	at		Doc#
	at	City/County/State	Doc #
		City/County/State	Doc#
who married			
born on	at	City/County/State	
died on	at		
married on	at		Doc #
6. The couple listed in	#5 were the parents of	City/County/State	Doc #
_	at		Doc#
		City/County/State	Doc #
	at	City/County/State	Doc #
who married			Doc #
born on	at	City/County/State	
died on	at		
married on	at		
7. The couple listed in	#6 were the parents of	City/County/State	Doc #
born on	at		Doc#
	at	City/County/State	Doc #
		City/County/State	Doc #
born on	at	City/County/State	
died on	at	City/County/State	
married on	at		
8. The couple listed in	#7 were the parents of	City/County/State	Doc #
born on	at		Doc #
	at	City/County/State	Doc #
		City/County/State	Doc #
born on	at	City/County/State	
died on	at	City/County/State	
married on	at		
		City/County/State	Doc #

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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 couple listed in #	were the parents of		
			Doc#
born on	at		
		City/County/State	Doc#
died on	at		
		City/County/State	Doc#
who married			
			Doc#
born on	at		
		City/County/State	Doc#
died on	at		
		City/County/State	Doc#
married on	at		<del></del>
		City/County/State	Doc#
The couple listed in #_	were the parents of		<del></del>
			Doc#
born on	at		
		City/County/State	Doc#
died on	at		
		City/County/State	Doc#
who married			
			Doc#
born on	at		
		City/County/State	Doc#
died on	at		
		City/County/State	Doc#
married on	at		
		City/County/State	Doc#

## **Military Service Documentation - Collateral Relative**

Please number and describe below the documentation of Civil War service for the collateral relative(s) submitted on this application. When numbering be sure not to repeat numbers used on the separate application Document List.

<b>Document Number</b>	Document Description
	Please include a brief description of your document, i.e. <i>John Smith pension file application</i> . The document citation must
	appear on the front of your submitted document. The document number must appear in the upper right-hand corner of your
	submitted document and on any line of the application for which that document serves as proof.

July 2011W

# Society of Civil War Families of Gallia County Documentation Record

Applicant's N	ameDate
Use these doc the SCWFGC	umentation pages for all proof documents except the military service documentation requested on the list page of either Direct Ancestor Application or the SCWFGC Collateral Ancestor Application.
	applicants may substitute a numbered, typed list of documents for this form. This form may be photocopied.
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.

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.