Gallia County Genealogical Society,
OGS Chapter
Society of Civil War
Families of Gallia County
Application

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 Society of Civil War Families of Gallia County member number here_____

(For GCGS Use Only)

Name of Soldier who served or lived in Gallia County Direct Ancestor and/or Collateral Relative	Dates Served in the Civil War	Military Unit	Approved	SCWFGC Number

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.)

Approved by: (For GCGS Use Only)

Society of Civil War Families of Gallia County Committee Chairman	Date Accepted	SCWFGC Member Number

Society of Civil War Families of Gallia County - Direct Ancestor 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 #

Society of Civil War Families of Gallia County - Direct Ancestor Application

5. The said _____ is the ___ son ___ daughter

    of_____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    and spouse _____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    married on _____ at _____

6. The said _____ is the ___ son ___ daughter

    of_____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    and spouse _____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    married on _____ at _____

7. The said _____ is the ___ son ___ daughter

    of_____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    and spouse _____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    married on _____ at _____

8. The said _____ is the ___ son ___ daughter

    of_____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    and spouse _____

    born on _____ at _____
    <div style="text-align:center">City/County/State</div>

    died on _____ at _____
    <div style="text-align:center">City/County/State</div>

    married on _____ at _____

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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 said _____ is the ___ son ___ daughter _____

<div align="right">Doc #</div>

of_____ _____

<div align="right">Doc #</div>

born on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

died on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

and spouse _____ _____

<div align="right">Doc #</div>

born on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

died on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

married on _____ at _____ _____

<div align="right">Doc #</div>

__ The said _____ is the ___ son ___ daughter _____

<div align="right">Doc #</div>

of_____ _____

<div align="right">Doc #</div>

born on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

died on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

and spouse _____ _____

<div align="right">Doc #</div>

born on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

died on _____ at _____ _____

<div align="center">City/County/State</div>

<div align="right">Doc #</div>

married on _____ at _____ _____

<div align="right">Doc #</div>

Military Service Documentation - Direct Ancestor

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

Document Number	Document Description Please include a brief description of your document, i.e. *John Smith pension file application.* 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 Name_____ Date _____

Use these documentation pages for all proof documents except the military service documentation requested on the list page of either the SCWFGC 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.

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