



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 \_\_\_\_\_

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 - 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 \_\_\_\_\_, am number \_\_\_\_\_ below.  
 (When you have reached yourself on the application, please put that generation number in the space provided here.)

1.	_____	First	Middle and/or Maiden	Surname	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 #
	The said _____ was the ___ brother ___ sister				Doc #
2.	of _____				Doc #
	(Direct Ancestor)				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 #
3.	The couple listed in #2 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 _____			City/County/State	Doc #
4.	The couple listed in #3 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 _____			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 _____	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 #
6. The couple listed in #5 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 _____	
City/County/State	Doc #
7. The couple listed in #6 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 _____	
City/County/State	Doc #
8. The couple listed in #7 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 _____	
City/County/State	Doc #





