



The Van Wert Genealogical Society

Century Families of Van Wert Co., OH

Application

Date Received
Fee Paid
Check Number
Membership Year _____ (For wwg Use Only)

Instructions to Applicant:

Please read the *Lineage Society Rules and Application Procedures* before completing this application. Do not write in shaded areas. 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 sources(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 V.W.Co. Ohio Genealogical Society. A non-refundable \$20 application fee must accompany the application. There is no fee for supplemental applications. This application and accompanying documents become the property of The VW Co., Ohio Genealogical Society. Mail application(s) and fees to:

The Van Wert Co., Ohio Genealogical Society, P.O. Box 485
Van Wert, OH 45891-0485

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 Century Families of V.W. Co., Ohio member number here. _____

Ancestor who first resided in Van Wert County between 1 January 1881 and 31 December of the year 100 years prior to the year of application (e.g. 31 December 1909)	Year First Proved in Van Wert Co., OH & Doc #	(For wwg Use Only)	
		Approved	WVCo Number

Approved by: (For wwg Use Only)

Van Wert Co., Ohio Century Families-Application

1.	I,	<div style="display: flex; justify-content: space-between; font-size: 8px; margin-bottom: 2px;"> First Middle and/or Maiden Name Surname </div>	Doc #
	was born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	married to	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
2.	I am the child of	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	and spouse	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	married on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
3.	The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	Doc #
	of	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	and spouse	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	married on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
4.	The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	Doc #
	of	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	and spouse	_____	Doc #
	born on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	died on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #
	married on	at _____ <small style="text-align: center;">City /County/ State</small>	Doc #

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

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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 <input type="checkbox"/> son <input type="checkbox"/> 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 #
___ The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> 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 #
___ The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> 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 #

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.)

