

The Van Wert Genealogical Society Century Families of Van Wert Co., OH Application

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

Instructions to Applicant:

Applicant's Name

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

	Given	Middle	Maiden	Surname	
treet Address own, State, +4 Zip C	Code		County		
		our Century Families of V.W			
••		•	,		
	· · · · · · · · · · · · · · · · · · ·			(For vwcg Use	Only) VWCo
Ancestor who first r and 31 Dece	esided in Van Wert Cou mber of the year 100 ye application (e.g. 31		Year First Proved in Van Wert Co., OH & Doc #		Number
pproved by: (For vwgs					

Van Wert Co., Ohio Century Families-Application

1.	.1,			
	First	Middle and/or Maiden Name	Surname	Doc#
	was born on	at	City /County/ State	Doc#
	on	at	City /County/ State	Doc#
	married to			Doc#
	born on	at		Doc#
	died on	at	City /County/ State	
2			City /County/ State	Doc#
۷.				Doc#
	born on		City /County/ State	Doc#
	died on	at	City /County/ State	
	and spouse			
	born on	at		
		at	City /County/ State	Doc#
			City /County/ State	Doc#
		at	City/County/ State	Doc#
3.	The said	¢ ⁶ .	is the □ son □ daughter	Doc#
	of			Doc#
	born on	at	City /County/ State	
	died on	at		Doc#
			City /County/ State	Doc#
				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	,
	of			Doc#
				Doc#
		at	City /County/ State	Doc#
	died on	at	City /County/ State	Doc#
	and spouse			
	born on	at	City /County/ State	
		at		Doc#
			City /County/ State	Doc#
	married on	at	City /County/ State	Doc#

Van Wert Co., Ohio Century Families-Application

5.	The said			is the u son u daughter	Doc#
	of		· · · · · · · · · · · · · · · · · · ·		Doc #
	born on				
	died on	at	City /County/ State		Doc #
	and spouse		City /County/ State		Doc#
	born on				Doc#
	4		City /County/ State		Doc #
	died on		City /County/ State		Doc#
,	married on		City /County/ State		Doc#
υ.				_ 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	· ·		Doc#
	married on	at			
7.	The said	/ 	• •	_ is the □ son □ daughter	Doc#
	of			-	Doc#
	born on	at			Doc#
	died on		Gity / Godiny/ State		Doc#
	and spouse		City /County/ State		Doc#
	born on				Doc#
	died on	•	City /County/ State	and the Administration of the State of the S	Doc#
		at	City /County/ State		Doc#
	married on		City /County/ State		Doc #
8.	The said			_ is the □ son □ daughter	Doc#
	of				Doc#
	born on		City /County/ State		Doc#
	died on	at	City /County/ State		
	and spouse				Doc#
	born on	at	City /County/ State		Doc#
	died on	at	City /County/ State		Doc #
	married on	at	•		Doc #
			City /County/ state		DOC.#

Van Wert Co., Ohio Century Families-Application

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	
	·		Doc#
	at		Doc #
		City /County/ State	Doc#
died on		City /County/ State	Doc#
			Doc#
	at	City/County/ State	Doc#
died on	at	City /County/ State	Doc.#
married on	at	City /County/ State	Doc#
The said		is the □ son □ daughter	Doc#
of			Doc#
born on	at		
died on	at	City /County/ State	Doc #
		City /County/ State	Doc#
born on			Doc#
		City /County/ State	Doc#
	át	City /County/ State	Doc#
	at	City/County/ State	Doc#
		is the □ son □ daughter	Doc#
of		The state of the s	Doc#
born on	at	City /County/ State	Doc#
died on	at	·	Doc#
and spouse		• •	Doc #
born on	at		
died on	at	City /County/ State	Doc#
married on	at	City /County/ State	Doc#
married on	at	City /County/ State	Doc#
Certification			
I,		by swear/attest that the statements set forth in this appl	lication are
true to the best of my kn	owledge and belief.		
Signature of Applicant		Date erson who has researched and compiled the lineage for the appl	

VWCOGS Lineage Society Document List

Applicant's Na	mme Date
Ap	plicants may substitute a numbered, typed list of documents for this form. This form may be photocopied.
Document Number	Document Description Please include a brief description of your document, i.e. <i>John Smith birth record</i> . The document citation must appear on the front of your submitted document. The document number must appear in the upper right-hand corne of your submitted document and on any line of the application for which that document serves as proof.
······································	
	<i>j</i>
- Allanos	
	·

Document Number	Document Description
-4	
	· · · · · · · · · · · · · · · · · · ·
5.0 MV 44 *******************************	
	·