

Society of Civil War Families of Licking County, Ohio
Direct Ancestors

1. The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
of _____	Doc #
born on _____ at _____	Doc #
City/County/State	Doc #
died on _____ at _____	Doc #
City/County/State	Doc #
and spouse _____	Doc #
born on _____ at _____	Doc #
City/County/State	Doc #
died on _____ at _____	Doc #
City/County/State	Doc #
married on _____ at _____	Doc #
City/County/State	Doc #
2. The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
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born on _____ at _____	Doc #
City/County/State	Doc #
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married on _____ at _____	Doc #
City/County/State	Doc #

Name and Address of Applicant

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4. The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
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6. The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	Doc #
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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 Documentation List

Document Number	Document Description
	Please include a brief description of your document, ie. <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 proff.

Name and Address of Applicant

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PROOF OF DESCENT (title, Author, page, Bible record, public records, or other sources)

2nd Generation: _____

3rd Generation: _____

4th Generation: _____

5th Generation: _____

6th Generation: _____

7th Generation: _____

8th Generation: _____

I married _____ on _____ at _____

Spouse born _____ in _____ (city/county/state)

son/daughter of _____

and his wife _____

My Children:

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

Phone: _____ Signature _____ Date _____

Applicant's Name Printed: _____

Address: _____

City/State: _____

Name and Address of Applicant

Society of Civil War Families of Licking County, Ohio
Collateral Ancestor

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My Children:

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

_____ born _____ at _____

Phone: _____ Signature _____ Date _____

Applicant's Name Printed: _____

Address: _____

City/State: _____