

*The Society of Civil War Families of Licking County, Ohio*  
**APPLICATION**

**INSTRUCTIONS:** Fill in sections A, B, and C on this page. Document your ancestral and/or collateral lines on the forms provided. If you have more than one entry, these forms may be copied. Please type or handprint all information. Please use black ink. A check for \$20.00 must accompany this application. This application fee is not refundable.

**Section A**

Applicant's Name <i>(include maiden name if applicable)</i> :	Street Address:	City:
Full name of Spouse <i>(if applicable)</i> :	State:	9 digit Zip: County:

**CIVIL WAR ANCESTORS/ANCESTRESSES OR COLLATERAL RELATIVES – Section B**

Name of Soldier	Dates served in the Civil War	County of Residence in Ohio <i>(if applicable)</i>	Military Unit
Example: Ebenezer Applicant	6 May 1863 – 7 July 1865	Athens	1 <sup>st</sup> WV Cavalry
Example: Abraham Finalist	9 Dec 1864 – 1 Mar 1865	Mahoning	Squirrel Hunter
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Section D. Licking County Genealogical Society Use Only**

**Section C. My LCGS Dues are paid for the year:** \_\_\_\_\_

Society Verification: \_\_\_\_\_

<b>Section E. Licking County Genealogical Society Use Only</b>	<b>Section F. Licking County Genealogical Society Use Only</b>
<b>Proved ancestors or relatives:</b>	Civil War Families of Licking County, Ohio Number:
1.	
2.	Date Application Received:
3.	
4.	
5.	Acceptance Date:
6.	
7.	
8.	Fee Received?
9.	
10.	Notes:

**I agree that this application and all documents tendered with it become the property of the Licking County Genealogical Society.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Mail your check or money order, this application, and your documentation to:  
**SCWFLC, LCGS, 101 West Main Street, Newark, OH 43055-5054**

Approved by:

LCGS, Society of Civil War Families Committee Chair:

Licking County Genealogical Society President:

**Licking County Genealogical Society, 101 W. Main St., Newark, OH 43055-5054**

**Standardized Lineage Society Application Worksheet**  
**Society of Civil War Families of Licking County**  
**(\$20.00 SCWFLC membership fee due upon application.)**

Full name of applicant \_\_\_\_\_ Citizen of \_\_\_\_\_  
Address \_\_\_\_\_  
Applicant was born in \_\_\_\_\_ on \_\_\_\_\_ Is the son/daughter of

2. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

3. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

4. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

5. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

6. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

7. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

8. \_\_\_\_\_ born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
\_\_\_\_\_ was the son / daughter of:

9. \_\_\_\_\_ born in \_\_\_\_\_  
 on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
 and \_\_\_\_\_ his wife, born in \_\_\_\_\_  
 on \_\_\_\_\_ and died in \_\_\_\_\_ on \_\_\_\_\_  
 Married in \_\_\_\_\_ on \_\_\_\_\_ that the said  
 \_\_\_\_\_ was the son / daughter of:

Ancestor is (no. \_\_): \_\_\_\_\_

**SERVICE OF ANCESTOR - Give dates and particulars for lineage society qualification.**

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**PROOF OF SERVICE - Title, volume, pages, documents, manuscripts, or other proofs.**

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**CHILDREN OF ANCESTOR - Indicate marriage, if more than one.**

Names	Date of Birth	To whom married (noting if married more than once)
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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:** \_\_\_\_\_

\_\_\_\_\_

**9th Generation:** \_\_\_\_\_

\_\_\_\_\_

I married \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

born \_\_\_\_\_ son/ daughter of \_\_\_\_\_

My children \_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicants Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**LICKING COUNTY GENEALOGICAL SOCIETY**

101 West Main Street  
Newark, Ohio 43055-5054  
Phone (740) 349-5510