

APPLICATION TYPE:

- REGULAR MEMBERSHIP**
- JUNIOR MEMBERSHIP**
- MEMORIAL MEMBERSHIP**
- SUPPLEMENTAL**



National Number _____

State Number _____

Chapter, the _____ State Society

NATIONAL SOCIETY

SONS OF THE AMERICAN REVOLUTION

I hereby apply for membership in this Society by the right of bloodline descent from: _____ Gen.# _____

who assisted in establishing American Independence while acting in the capacity of: _____

NAME OF APPLICANT: _____ Age _____
(First) (Middle) (Last)

Street, R.D. or P.O. Box: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Having living or deceased children by bloodline of applicant and not by adoption, by my wife as listed:

<u>Child Name</u>	<u>Relationship</u>	<u>Wife#</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATEMENT OF BLOODLINE TO PATRIOT ANCESTOR

(Give all names, dates, and places known. Show dates as day, month, and year e.g. **01 JAN 1900**)

DATE

CITY/COUNTY/STATE

1. I am _____ born _____
 and my _____ wife _____ born _____
 NSDAR# _____ died _____
 (If Remarried) _____ married _____
 my _____ wife _____ born _____
 NSDAR# _____ died _____
 married _____
2. I am the son of _____ born _____
 NSSAR# _____ died _____
 and his _____ wife _____ born _____
 NSDAR# _____ died _____
 Who is the son /daughter of _____ married _____
3. Grandson of _____ born _____
 NSSAR# _____ died _____
 and his _____ wife _____ born _____
 NSDAR# _____ died _____
 Who is the son /daughter of _____ married _____
4. Great-Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____
5. Great²Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____
6. Great³Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____
7. Great⁴Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____
8. Great⁵Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____

9. Great⁶Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____

10. Great⁷Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____

11. Great⁸Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 Who is the son /daughter of _____ married _____

12. Great⁹Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 married _____

REVOLUTIONARY WAR ANCESTOR --- Generation # _____
 BURIED in the _____ Cemetery at _____

REFERENCES: Proof is needed only for individuals in the bloodline. Furnish a copy of each piece of evidence such as: birth certificate, marriage, baptismal, or cemetery record with parents' names, census 1850 or later, explicit Bible record, court document, title page and pertinent pages of annotated publications, DAR *record copy*.

My Gen. (Birth Certificate or equal showing parents) _____

 2nd Gen. _____

 3rd Gen. _____

 4th Gen. _____

 5th Gen. _____

 6th Gen. _____

 7th Gen. _____

 8th Gen. _____

 9th Gen. _____

 10th Gen. _____

 11th Gen. _____

 12th Gen. _____

REFERENCES to Ancestor's Revolutionary War Service _____

I, _____, the applicant, swear and certify that I have examined this completed application and its proofs (documentation) and the facts and statements herein are true and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

Occupation _____

Recommended by the undersigned members
 Sponsor
 Name _____
 Street/P.O. Box _____
 City/St/Zip _____
 Signed _____
 NSSAR# _____

Co-Sponsor
 Name _____
 Signed _____
 NSSAR# _____

State Registrar _____
 Application verified
 and approved _____ 2 _____
 State Secretary _____
 Accepted by the State Board of
 Management _____ 2 _____
 Forwarded to National _____ 2 _____
 Received at National Hdqrs. _____ 2 _____
 Registered by NSSAR _____ 2 _____

Registrar General