

**APPLICATION
FOR MEMBERSHIP
OR SUPPLEMENTAL**



National number

State number

..... Chapter, the State Society

**NATIONAL SOCIETY
SONS OF THE AMERICAN REVOLUTION**

Do not encroach on this margin, which, needed for binding

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
..... (First) (Middle) (Last)

Street, R.D. or P.O. Box

City State Zip Code

Telephone Age

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>	<u>State</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 <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....
3. Grandson of	born .....	.....
NSSAR#	died .....	.....
and his wife	born .....	.....
NSDAR#	died .....	.....
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....
4. Great-Grandson of	born .....	.....
	died .....	.....
and his wife	born .....	.....
	died .....	.....
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....
5. Great'Grandson of	born .....	.....
	died .....	.....
and his wife	born .....	.....
	died .....	.....
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....
6. Great'Grandson of	born .....	.....
	died .....	.....
and his wife	born .....	.....
	died .....	.....
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....
7. Great4 Grandson of	born .....	.....
	died .....	.....
and his wife	born .....	.....
	died .....	.....
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....
8. Great'Grandson of	born .....	.....
	died .....	.....
and his wife	born .....	.....
	died .....	.....
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married .....	.....

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

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

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

12. Great'Grandson of _____ born _____
 _____ died _____
 and his _____ wife _____ born _____
 _____ died _____
 _____ married _____

Do not encroach on this margin which is needed for binding

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. & Zip _____

Signed _____

NSSAR# _____

Co-Sponsor

Name _____

Signed _____

NSSAR# _____

State Registrar _____

Application verified
and approved _____ 20 _____

State Secretary _____

Accepted by the State Board of
Management _____ 20 _____

Forwarded to National _____ 20 _____

Received at National Hdqrs. _____ 20 _____

Registered by NSSAR _____ 20 _____

Certificate Dated _____ 20 _____

Deceased _____