Applicant's Full Name

Applicant's Address

Applicant's Telephone       Applicant’s email address

Name

Date & Place of Birth

Date & Place of Marriage

College & Degrees

Military Service / Civil Service

Examined and approved by Society Genealogist

Approved by the Membership Committee

*Society No.........*

Society of the Descendants of the

Founders of Hartford

I, the undersigned, apply for membership in the Society by right of descent from Founder

a recognized Founder of Hartford, through descent from

of this Society.

, a past or current member

Applicant's Spouse

Applicant having living children as follows:

Name/Relationship

Date & Place of Birth

Signature

Signature

Date

Date

Secretary's signature

I

married at

to (1, 2 3)

born at

died at

REFERENCES

2

**died at**

**married at**

on

**to (1, 2 3)**

**on**

**REFERENCES**

3

**died at**

**married at**

on

**to (1, 2 3)**

**on**

**REFERENCES**

4

**died at**

**married at**

on

**to (1, 2 3)**

**on**

**REFERENCES**

**Line of Ancestry**

This short form is for the use of those who have, within the first 4 generations (counting parents as Gen. 2), an ancestor

in the line of a blood-relative Society member. Fill out the form only as far as the join ancestor. Give FULL NAME and

SOCIETY NUMBER of the relative and relationship to the member whose line is being used.

born at

on

Applicant

on

on

on

born at

on

my qualified ancestor from previous generation

on

born at

died at

on

.

born at

on

my qualified ancestor from previous generation

on

born at

died at

on

.

born at

on

my qualified ancestor from previous generation

on

born at

died at

on

.

My member Ancestor's application for membership in this Society

The facts stated in this application are the truth to the best of my information and belief.

Signature of Applicant