

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, a past or current member of this Society.

Applicant's Full Name

Applicant's Address

Applicant's Telephone Applicant's email address

Applicant's Spouse

Name

Date & Place of Birth

Date & Place of Marriage

Applicant having living children as follows:

Name/Relationship Date & Place of Birth

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College & Degrees

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Military Service / Civil Service

.....

Examined and approved by Society Genealogist Signature Date

Approved by the Membership Committee Date

Date

..... Secretary's signature

Secretary's signature

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.

I Applicant born at on
married at on to (1, 2 3)
born at on
died at on

REFERENCES

2 my qualified ancestor from previous generation born at on
died at on married at
on to (1, 2 3) born at
on died at on

REFERENCES

3 my qualified ancestor from previous generation born at on
died at on married at
on to (1, 2 3) born at
on died at on

REFERENCES

4 my qualified ancestor from previous generation born at on
died at on married at
on to (1, 2 3) born at
on died at on

REFERENCES

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.

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Signature of Applicant