



LORAIN COUNTY CHAPTER
of
THE OHIO GENEALOGICAL SOCIETY
PO BOX 865 ELYRIA, OH 44036-0865

CENTURY FAMILIES OF LORAIN COUNTY, OHIO
Application Deadline is **June 1** of any given year

Instructions to Applicant: Fill in this form as indicated. List your main ancestral line(s) on pages 2 and 3, beginning with yourself as #1. Type or handprint all information. A check for \$25.00 must accompany the application. If this is a supplementary application, a check for \$10.00 must accompany the application. Any new or supplementary applicant must be a current member of the Lorain County Chapter. The application fee is non-refundable. All applications with appropriate fees should be sent to the Lorain County Chapter, P.O. Box 865, Elyria, OH 44036-0865.

<u>Name of Applicant</u> include maiden name if applicable	<u>Full Name of Spouse</u> include maiden name if applicable
Street Address	City/State/Zip
Email Address	
Phone	
I, _____ do hereby swear/attest that the statements set forth in this application are true to the best of my knowledge and belief.	
<u>Signature of Applicant</u>	Date _____
This application, information, and all supporting documents and data become the property of the LCC-OGS CD's are not permissible as primary application. They will be allowed as a back up to original paper files.	
I agree to allow any or all documentations in this application to be copied for genealogical purposes: <input type="checkbox"/> YES <input type="checkbox"/> NO	

MY CENTURY FAMILIES of LORAIN COUNTY between 1 Jan 1881 and 100 Years Prior to the Current Year

Name of Ancestor	CFLC# if Previously Proven	Year First Proved in Lorain County	Township	Document # Proving Residency in Lorain Co	Accepted (LCC-OGS Use Only)
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Please use additional sheet of paper if more than 6 ancestors are being proved.

1.					
2.					
3.					
4.					
5.					
6.					

My Name to appear on certificate as _____

APPROVED BY:
Lineage Groups of Lorain County Chairman _____ Date _____
Lorain County Chapter President _____ Date _____

CHAPTER USE ONLY

Century Families of Lorain County Number _____	Date Application Received _____	Acceptance Date _____	Fee Received _____ Dues Paid _____
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CENTURY FAMILIES OF LORAIN COUNTY ASCENT CHART

Be certain to include at least one supporting document for each statement below. List each document with its corresponding number on the "Documentation for Ascent Chart" page. Please put your name, address and a citation on the front of each document you submit. Please do not use staples, highlighters or gummed labels. If you check your papers and sort them carefully, number them correctly, and submit them in the proper order, staples or paper clips will not be necessary.

1.	I _____	First	Middle	Maiden Name	Surname	
	was born on _____			at _____		Document Number
				City	County	State
	I married _____					Document Number
	Born on _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	Married on _____			at _____		Document Number
				City	County	State
2.	My father is _____					Document Number
	Born on _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	My mother is _____					Document Number
	Born on _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	Married on _____			at _____		Document Number
				City	County	State
3.	My parent _____					Document Number
	Is the child of					
	My grandfather _____					Document Number
	Born on _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	And my grandmother _____					Document Number
	Born _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	Married on _____			at _____		Document Number
				City	County	State
4.	My grandparent _____					Document Number
	Is the child of					
	My great-grandfather _____					Document Number
	Born on _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	And his wife _____					Document Number
	Born on _____	First	Middle	Maiden Name	Surname	Document Number
				at _____		Document Number
	Died on _____			City	County	State
	Died on _____			at _____		Document Number
	Married on _____			at _____		Document Number
				City	County	State

Five-Generation Ancestor Chart

Chart # _____

Prepared By	
Name _____	Date _____
Address _____	
City/State/Zip _____	
E-mail _____	

#1 on this chart is the same as
_____ on chart # _____

b= birth date
m= marriage date
d= death date
p=place



