



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

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

Instructions to Applicant: Fill in A, B, C, and D on this page. List your main ancestral line on pages 2 and 3, beginning with yourself as #1. Type or hand print 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 returned to the Lorain County Chapter, P.O. Box 865, Elyria, OH 44036-0865.

A Name of Applicant _____	Street Address _____	Phone _____	
Full Name of Husband or Wife _____	Town _____	State _____	Zip _____

B My Lorain County Chapter Dues Are Paid for the Year _____	C Applicant's Email Address _____
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D
I, _____ do hereby swear/attest that the statements set forth in this application are true to the best of my knowledge and belief.

Signature of Applicant _____ 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: YES NO

CHAPTER USE ONLY

Century Families of Lorain County Number _____	Date Application Received _____	Acceptance Date _____	Fee Received - Dues Paid _____
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Ancestors in Lorain County Between 1881 and 100 years prior to the current year

Name of Ancestor	CFLC# if Already 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.					

Name to appear on certificate as: _____

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

ASCENT CHART FOR CENTURY FAMILIES OF LORAIN COUNTY
 This application and all its supporting documents become the property of The Lorain County Chapter-OGS

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! 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 and/or maiden name	Surname		
was born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
and married _____					Document number
born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number

2. I am the child of _____

					Document number
born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
and spouse _____					Document number
born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
married on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number

3. The said _____ is the _____

			Son or daughter		Document number
of _____					
born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
and spouse _____					Document number
born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
married on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number

4. The said _____ is the _____

			Son or daughter		Document number
of _____					
on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
and spouse _____					Document number
born on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
died on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number
married on _____	at _____	_____	_____	_____	_____
	Date	City/Twp.	County	State	Document number

5. The said _____ is the _____
of _____
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
and spouse _____
Document number
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
married on _____ at _____
Date City/Twp. County State Document number

6. The said _____ is the _____
of _____
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
and spouse _____
Document number
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
married on _____ at _____
Date City/Twp. County State Document number

7. The said _____ is the _____
of _____
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
and spouse _____
Document number
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
married on _____ at _____
Date City/Twp. County State Document number

8. The said _____ is the _____
of _____
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
and spouse _____
Document number
born on _____ at _____
Date City/Twp. County State Document number
died on _____ at _____
Date City/Twp. County State Document number
married on _____ at _____
Date City/Twp. County State Document number

CFMC Applicant Name _____
(May be continued on additional pages if necessary)

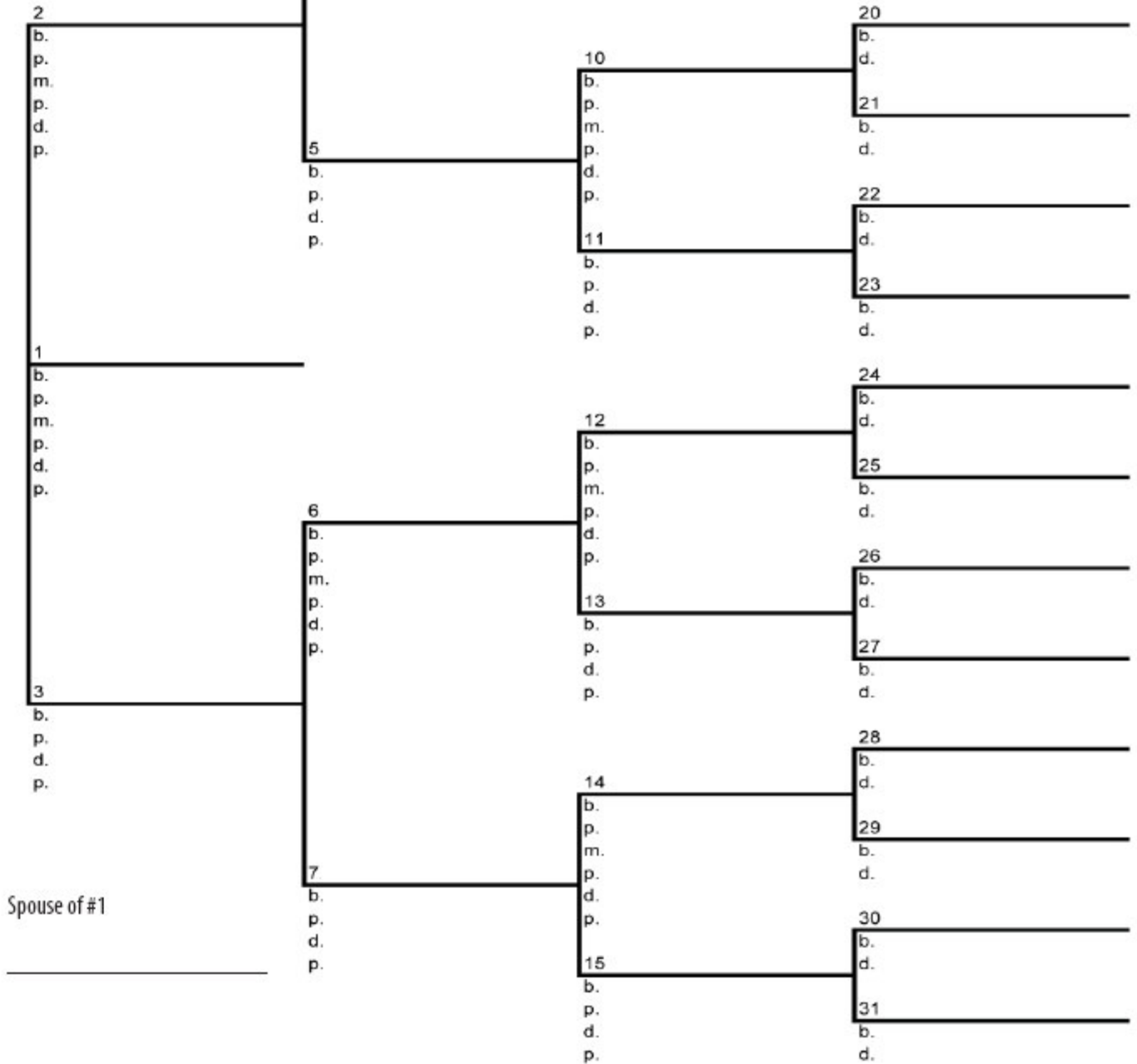
Five-Generation Ancestor Chart

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



Spouse of #1
