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

CIVIL WAR SOCIETY 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 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 sent to the Lorain County Chapter, P.O. Box 865, Elyria, OH 44036-0865.

PLEASE READ THE RULES AND GUIDELINES BEFORE PROCEEDING

Name of Applicant include maiden name if applicable	Full Name of Spouse include maiden name if applicable
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.

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

MY CIVIL WAR VETERAN of LORAIN COUNTY

Name of Ancestor	Dates Served in Civil War	Military Unit	Township	Accepted (LCC-OGS Use Only)

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

Civil War Society of Lorain County Number_____	Date Application Received _____	Acceptance Date _____	Fee Received _____	Dues Paid _____

CIVIL WAR SOCIETY 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 Document Number

was born on_____at_____ _____
City County State Document Number

I married_____ _____
First Middle Maiden Name Surname Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

Married on _____at_____ _____
City County State Document Number

2. My father is_____ _____
First Middle Surname Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

My mother is _____ _____
First Middle Maiden Name Document Number

Born on _____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

Married on_____ _____at_____ _____
City County State Document Number

3. My parent _____ _____
First Middle Surname Document Number

Is the child of

My grandfather _____ _____
First Middle Surname Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

And my grandmother_____ _____
First Middle Maiden Name Document Number

Born _____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

Married on_____at_____ _____
City County State Document Number

4. My grandparent _____ _____
First Middle Surname Document Number

Is the child of

My great-grandfather _____ _____
First Middle Surname Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

And his wife_____ _____
First Middle Maiden Name Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

Married on_____at_____ _____
City County State Document Number

5. My great-grandparent _____ _____
First Middle Surname Document Number

Is the child of

My 2nd great-grandfather _____ _____
First Middle Surname Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

And his wife_____ _____
First Middle Maiden Name Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

Married on_____at_____ _____
City County State Document Number

6. My 2nd great-grandparent _____ _____
First Middle Surname Document Number

Is the child of

My 3rd-great-grandfather _____ _____
First Middle Surname Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

And his wife_____ _____
First Middle Maiden Name Document Number

Born on_____at_____ _____
City County State Document Number

Died on_____at_____ _____
City County State Document Number

Married on_____at_____ _____
City County State Document Number

Military Service Documentation - Direct Ancestor

Please number and describe below the documentation of Civil War service for the direct ancestor(s) submitted on this application. When numbering, be sure not to repeat numbers used on the separate application Documentation List.

Documentation Number	**Documentation description** Please include a brief description of your document, i.e. *John Smith pension file application*. The document citation must appear on the front of your submitted document. The document number must appear in the upper right-hand corner of your submitted document and on any line of the application for which that document serves as proof.

Society of Civil War Families - Collateral Relative Application

Number 1 below is my collateral Civil War relative. Number 2 below is my direct ancestor who is the sibling of number 1.

I_____, am number _____below.

1. _____ _____
First Middle and /or Maiden Name Last Doc. #

was born on _____at_____ _____
City/County/State Doc. #

died on _____at_____ _____
City/County/State Doc. #

and spouse_____ _____
Doc. #

born on _____ at_____ _____
City/County/State Doc. #

died on _____at_____ _____
City/County/State Doc. #

married on _____ at_____ _____
City/County/State Doc. #

The said _____ was the __ brother __ sister _____
Doc. #

2. of _____ _____
(Direct Ancestor) Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ at_____ _____
City/County/State Doc. #

who married_____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ _____at_____ _____
City/County/State Doc. #

married on _____at_____ _____
City/County/State Doc. #

3. The couple listed in #2 were the parents of_____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____at_____ _____
City/County/State Doc. #

who married_____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ _____at_____ _____
City/County/State Doc. #

married on _____at_____ _____
City/County/State Doc. #

4. The couple listed in # 3 were the parents of_____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ at_____ _____
City/County/State Doc. #

who married _____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ _____at_____ _____
City/County/State Doc. #

married on _____at_____ _____
City/County/State Doc. #

Society of Civil War Families - Collateral Relative Application

5. The couple listed in # 4 were the parents of _____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ at_____ _____
City/County/State Doc. #

who married_____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ ___at_____ _____
City/County/State Doc. #

married on _____at_____ _____
City/County/State Doc. #

6. The couple listed in # 5 were the parents of _____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ at_____ _____
City/County/State Doc. #

who married_____ _____
Doc. #

born on _____at_____ _____
City/County/State Doc. #

died on _____ ___at_____ _____
City/County/State Doc. #

married on _____at_____ _____
City/County/State Doc.#

Military Service Documentation - Collateral Relative

Please number and describe below the documentation of Civil War service for the collateral ancestor(s) submitted on this application. When numbering, be sure not to repeat numbers used on the separate application Documentation List.

Documentation Number	**Documentation description** Please include a brief description of your document, i.e. *John Smith pension file application*. The document citation must appear on the front of your submitted document. The document number must appear in the upper right-hand corner of your submitted document and on any line of the application for which that document serves as proof.

CIVIL WAR SOCIETY OF LORAIN COUNTY DOCUMENTATION LIST

Give volume and page for book references and include a copy, photo, or other facsimile copy of the pertinent pages, and of all published or unpublished records used for proof. Typed, hand printed, or written copies of documents, not certified as "True Copies," are not acceptable as proof. Published or manuscript material authored by the applicant or his family will not of themselves be accepted as proof. Please refer to the guidelines.

Documents as to descent: (List and include facsimile copies as stated above) Each step must be proven; references for all dates must be provided.

Applicants may substitute a numbered, typed list of documents for this form. This form may be photocopied.

Document #	Description of Document

Example:
1. Birth Certificate of Applicant (Use your own name)
2. Marriage Record of Applicant
3. Birth Certificate of Applicant's Spouse

Signature of Applicant:_____

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

1
b.
p.
m.
p.
d.
p.

2
b.
p.
m.
p.
d.
p.

3
b.
p.
d.
p.

4
b.
p.
m.
p.
d.
p.

5
b.
p.
d.
p.

6
b.
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m.
p.
d.
p.

7
b.
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9
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22
b.
d.

23
b.
d.

24
b.
d.

25
b.
d.

26
b.
d.

27
b.
d.

28
b.
d.

29
b.
d.

30
b.
d.

31
b.
d.

Spouse of #1

_____

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Generation 1	
	Birth
	Marriage
	Divorce/Remarriage
	Spouse's Birth
	Spouse's Death
	Proof/child to next generation

Generation 2	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Generation 3	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Generation 4	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Generation 5	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Generation 6	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Residency Proven		
Name	B/D	Year County

NOTES:

Generation 7	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Generation 8	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

Generation 9	
	Male Birth
	Male Death
	Marriage
	Divorce/Remarriage Female
	Female Birth
	Female Death
	Proof/child to next generation

LINEAGE CHECKLIST – Please submit with your application