



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

***SETTLERS 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, Elvria, 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.	
Signature of Applicant _____ Date _____	
<b>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.</b>	
I agree to allow any or all documentations in this application to be copied for genealogical purposes: ___ YES ___ NO	

**MY SETTLERS of LORAIN COUNTY** who lived in Lorain County between 1851 and the end of 1880

Name of Ancestor	SLC# 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**

Settlers of Lorain County Number _____	Date Application Received _____	Acceptance Date _____	Fee Received _____ Dues Paid _____
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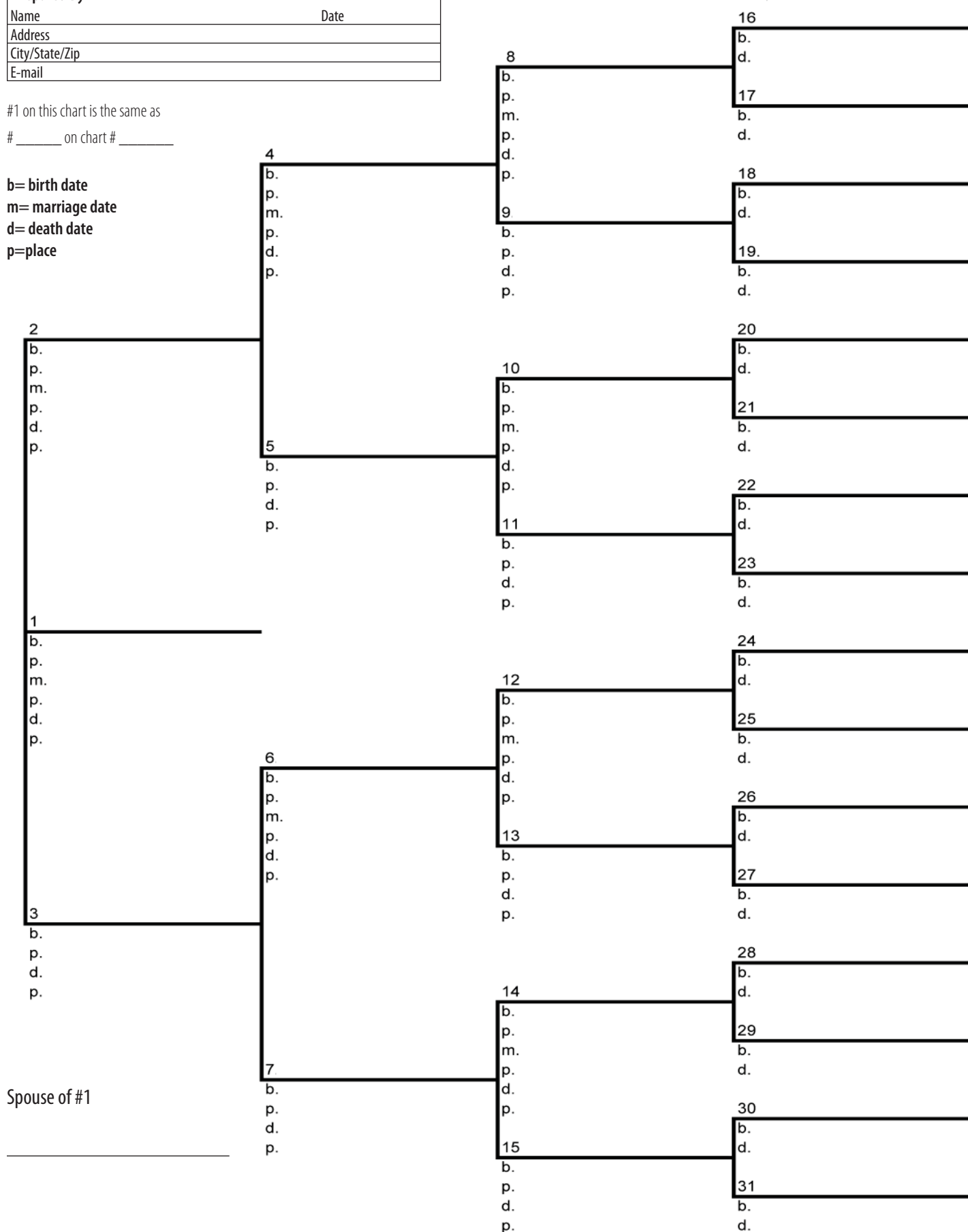
# Five-Generation Ancestor Chart

Chart # \_\_\_\_\_

<b>Prepared By</b>	
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  
\_\_\_\_\_

<b>Generation 1</b>	
<input type="checkbox"/>	Birth
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage
<input type="checkbox"/>	Spouse's Birth
<input type="checkbox"/>	Spouse's Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 2</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 3</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 4</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 5</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 6</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

Residency Proven		
Name	B/D	Year County

NOTES:

<b>Generation 7</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 8</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation

<b>Generation 9</b>	
<input type="checkbox"/>	Male Birth
<input type="checkbox"/>	Male Death
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce/Remarriage Female
<input type="checkbox"/>	Female Birth
<input type="checkbox"/>	Female Death
<input type="checkbox"/>	Proof/child to next generation