Jackson County Genealogical Society
Civil War Ancestor Certificate
Application

Please make a check for $20 payable to: **Jackson County Genealogical Society**
Mail check and application to: **Jackson County Genealogical Society, P.O. Box 188, Jackson, MI 49204.** Form should be as complete as possible.

Applicant Name:_____Phone:_____
Street Address:_____
City/State/Zip:_____
E-Mail (optional):_____

Name of Civil War Ancestor:_____
Alias (also known as):_____
Place(s) of Residence:
(just prior to enlistment)_____
(after service was completed)_____
Was a pension received? Yes___ No___

State of Enlistment:_____Date of Enlistment:_____
Regiment & Company:_____Discharge Date:_____
State of Enlistment:_____Date of Enlistment:_____
Regiment & Company:_____Discharge Date:_____

Note: <u>Use another sheet of paper for additional data.</u>

Ancestor Data

(Day/Month/Year)	**(Township, city, county, state)**
Birth Date:	Place:
Baptism Date:	Place:
Death Date:	Place:
Burial Date:	Place:

Marriage Data

Wife #1 (name)	
Marriage Date:	Place:
Wife #1 Birth Date:	Place:
Wife #1 Death Date:	Place:
Wife #2 (name)	
Marriage Date:	Place:
Wife #2 Birth Date:	Place:
Wife #2 Death Date:	Place:

GENERATION CHART

Please print or type clearly (females use maiden names)

Applicant_____Spouse_____
Birth Date_____Birth Date_____
Birth Place_____Birth Place_____
Marriage Date_____Marriage Place_____
Death Date_____Death Date_____
Death Place_____Death Place_____
Proof of above_____
_____

Parents_____Spouse_____
Birth Date_____Birth Date_____
Birth Place_____Birth Place_____
Marriage Date_____Marriage Place_____
Death Date_____Death Date_____
Death Place_____Death Place_____
Proof of above_____
_____

Grandparents_____Spouse_____
Birth Date_____Birth Date_____
Birth Place_____Birth Place_____
Marriage Date_____Marriage Place_____
Death Date_____Death Date_____
Death Place_____Death Place_____
Proof of above_____
_____

Great-Grandparents_____Spouse_____
Birth Date_____Birth Date_____
Birth Place_____Birth Place_____
Marriage Date_____Marriage Place_____
Death Date_____Death Date_____
Death Place_____Death Place_____

Proof of above_____
_____

Gr.Gr.Grandparents_____Spouse_____
Birth Date_____Birth Date_____
Birth Place_____Birth Place_____
Marriage Date_____Marriage Place_____
Death Date_____Death Date_____
Death Place_____Death Place_____
Proof of above_____
_____

Gr.Gr.Gr.Grandparents_____Spouse_____
Birth Date_____Birth Date_____
Birth Place_____Birth Place_____
Marriage Date_____Marriage Place_____
Death Date_____Death Date_____
Death Place_____Death Place_____
Proof above_____
_____

If additional ancestors are needed, you may add them on a separate sheet of paper

Appropriate privacy laws or other publication restrictions will be followed and adhered to.

I am a direct descendant of the Jackson County, Michigan Civil War Veteran named in this Application. The information in this document is true to the best of my knowledge. I acknowledge that all materials submitted will become the property of the Jackson County Genealogical Society, and I give permission to publish said information. I understand that this project application and supporting materials can be used by JCGS staff when needed for reproduction and research, maintaining the security of document information.

Applicant's Signature:
_____Dated:_____

Thank you for your Application to the Civil War Ancestor Certificate Project of the Jackson County Genealogical Society!!

HAPPY ANCESTOR HUNTING!!