

# Southern Ohio Genealogical Society

## First Families of Highland County

### Brother, Sister, Son or Daughter Application Form for FFOHC Membership

**First Family Committee - SOGS**  
**P.O. Box 414**  
**Hillsboro, Oh 45133**

**INSTRUCTIONS TO APPLICANT:** It is suggested that you read and understand the **RULES OF EVIDENCE** and the **FFOHC APPLICATION FORM** before you begin the application process. You may also want to make an extra copy of the application form. You may use this shortened application form to apply for

membership in FFOHC if you are a brother, sister, son or daughter of a FFOHC member. The completed application must be accompanied by the non-refundable application fee of \$20.00 and your SOGS membership dues paid for the year. The completed application must be received by April 30<sup>th</sup> for consideration this year.

Relative's full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone number: (\_\_\_\_) - \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### Ancestors of the Applicant who were settled in Highland County, Ohio before January 1, 1831

Name of Ancestor	1st yr. proven in Highland Co.	Ancestor Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

*For SOGS First Family Committee use only:* Date application received: \_\_\_\_\_  
 Fee received (\$20.00): \_\_\_\_\_ Membership verified: \_\_\_\_\_ Preliminary Number: \_\_\_\_\_  
 Approved by: First Families Chairperson: \_\_\_\_\_  
                   First Families Committee member: \_\_\_\_\_  
                   Date application approved: \_\_\_\_\_

## Brother, Sister, Son or Daughter Application Form for FFOHC Membership

FFOHC Applicant	List Documents: No. 1
My name:	
Relationship to member:	A.
Birth date:	B.
Location:	
Spouse's name:	
Birth date:	C.
Location:	
Marriage date:	D.
Location:	

FFOHC Member	List Documents: No. 2
Member name:	
Address:	
City, State & Zip:	
Birth date:	A.
Location:	
Spouse's name:	
Birth date:	B.
Location:	
Marriage date:	C.
Location:	

### Contact Information for the Person Filling Out This Application

- I do solemnly swear that all of the information included on this FFOHC Application and the documentation is, to the best of my knowledge, correct, authentic and complete.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 The SOGS FFHC Member completing this application.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ E-mail Address: \_\_\_\_\_