

# Southern Ohio Genealogical Society

## Second Families of Highland County

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

**Second 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 **SFOHC 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 SFOHC if you are a brother, sister, son or daughter of a SFOHC 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: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone number: (\_\_\_\_) - \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Ancestors of the Applicant who were settled in Highland County, Ohio; January 1, 1831- December 31, 1860.**

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

*For SOGS Second Family Committee use only:* Date application received: \_\_\_\_\_

Fee received (\$20.00): \_\_\_\_\_ Membership verified: \_\_\_\_\_ Preliminary Number: \_\_\_\_\_

Approved by: Second Families Chairperson: \_\_\_\_\_

Second Families Committee member: \_\_\_\_\_

Date application approved: \_\_\_\_\_

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

SFOHC 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:	

SFOHC 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 SFOHC Application and the documentation is, to the best of my knowledge, correct, authentic and complete.

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

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

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

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