

The Southern Ohio Genealogical Society Society of Civil War Families of Highland County

SCWFHC 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 **SCWFHC APPLICATION FORM** before you begin the application process. You may also want to make an extra copy of the application form. Contact SOGS if you have any questions or need further clarification. Be sure to include your name, address, phone number and e-mail address for a timely reply.

The SCWFHC Committee requests that the application be typed or hand-printed so that it is legible and complete. All supporting photo-copied documentation must be legible and numbered to identify the ancestor it supports.

The completed application must be accompanied by the non-refundable application fee of \$30.00 and your SOGS membership dues paid for the year. The completed application must be received by April 30th for consideration this year.

The **Society of Civil War Families of Highland County Awards Banquet** will be held the second Thursday of June.
 Location will be announced in the spring.

Applicant's full name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____

Applicant's Civil War Ancestor

Name of Soldier:	Township of residency in Highland Co.	Proof Document #
Military Unit:		
Dates Served:		
Military Unit:		
Dates Served:		
Military Unit:		
Dates Served:		
Note: Military Unit requires Regiment and Company identification		

For SOGS SCWFHC Committee use only: Date application received: _____

Fee received (\$30.00): _____ Membership verified: _____ Preliminary Number: _____

Approved by: SCWFHC Chairperson: _____

SCWFHC Committee member: _____

Date application approved: _____ SCWFHC Number: _____

Society of Civil War Families of Highland County - Direct Relative Chart

FIRST GENERATION	Proof Document	Document #
My name:		
Birth date:		
Location:		
Spouse's name:		
Birth date:		
Location:		
Married on:		
Location:		
SECOND GENERATION	Proof Document	Document #
My Father:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my Mother:		
Her birth date:		
Location:		
Her death date:		
Location:		
Marriage date:		
Location:		
THIRD GENERATION	Proof Document	Document #
My Grandfather:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my Grandmother:		
Her birth date:		
Location:		
Her death date:		
Location:		
Marriage date:		
Location:		

FOURTH GENERATION	Proof Document	Document #
My 1G Grandfather:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my 1G Grandmother:		
Her birth date:		
Location:		
Her death date:		
Location:		
Marriage date:		
Location:		

FIFTH GENERATION	Proof Document	Document #
My 2G Grandfather:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my 2G Grandmother:		
Her birth date:		
Location:		
Her death date:		
Location:		
Marriage date:		
Location:		

SIXTH GENERATION	Proof Document	Document #
My 3G Grandfather:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my 3G Grandmother:		
Her birth date:		
Location:		
Her death date:		
Location:		
Marriage date:		
Location:		

SEVENTH GENERATION	Proof Document	Document #
My 4G Grandfather:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my 4G Grandmother:		
Her birth date:		
Location:		
Her death date		
Location:		
Marriage date:		
Location:		

EIGHTH GENERATION	Proof Document	Document #
My 5G Grandfather:		
His birth date:		
Location:		
His death date:		
Location:		
His wife/my 5G Grandmother:		
Her birth date:		
Location:		
Her death date		
Location:		
Marriage date:		
Location:		

- I do solemnly swear that all of the information included on this SCWFHC Application and the documentation is, to the best of my knowledge, correct, authentic and complete.
- This application and accompanying documents become the property of Southern Ohio Genealogical Society.
- Mail application and fees to: Southern Ohio Genealogical Society, P. O. Box 414, Hillsboro OH 45133

Signature of Applicant: _____ Date: _____

Society of Civil War Families of Highland County – Collateral Relative Chart

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

I, _____, am number _____ below.

	Proof Document	Document #
1. Collateral Relative:		
Collateral relative's father:		
His birth date:		
Location:		
His death date:		
Location:		
And his wife:		
Her birth date:		
Location:		
Her death date:		
Location:		
Marriage date:		
Location:		
Collateral Relative:		
2. Collateral relative's sibling:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date:		
Location:		
Marriage date:		
Location:		
3. Couple above were parents of:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date:		
Location:		
Marriage date:		
Location:		

Proof Document		Document #
4. Couple above were parents of:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date		
Location:		
Marriage date:		
Location:		

5. Couple above were parents of:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date		
Location:		
Marriage date:		
Location:		

6. Couple above were parents of:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date		
Location:		
Marriage date:		
Location:		

Proof Document		Document #
7. Couple above were parents of:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date		
Location:		
Marriage date:		
Location:		

8. Couple above were parents of:		
Birth date:		
Location:		
Death date:		
Location:		
Spouse:		
Birth date:		
Location:		
Death date		
Location:		
Marriage date:		
Location:		

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