

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 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 \$30.00 and your SOGS membership dues paid for the year. The completed application must be received by April 30th 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 after January 1, 1831 thru 1860

| Name of Ancestor | 1st 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 (\$30.00): _____ 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: _____