

Southern Ohio Genealogical Society

Second Families of Highland County

**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. 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 First Family 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 **Second FAMILY 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: _____

Ancestors of the Applicant who were settled in Highland County, Ohio after January 1, 1831-1860

Name of Ancestor	1 st year proven in Highland Co.	(Ancestor#) Leave blank
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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: _____

FIRST GENERATION		Proof Documents: No. 1
My name:		
Birth date:	A.	
Location:		
Spouse's name:		
Birth date:		
Location:		
Married on:	B.	
Location:		
SECOND GENERATION		Proof Documents: No. 2
First Generation Descendant:		
My father's name:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my mother:		
Her birth date:	C.	
Location:		
Her death date:	D.	
Location:		
Marriage date:	E.	
Location:		
THIRD GENERATION		Proof Documents: No. 3
Second Generation Descendant:		
My Grandfather:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my grandmother:		
Her birth date:	C.	
Location:		
Her death date:	D.	
Location:		
Marriage date:	E.	
Location:		

FOURTH GENERATION		Proof Documents: No. 4
Third Generation Descendant:		
1G Grandfather:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my 1G Grandmother:		
Her birth date:	C.	
Location:		
Her death date:	D.	
Location:		
Marriage date:	E.	
Location:		
FIFTH GENERATION		Proof Documents: No. 5
Fourth Generation Descendant:		
2G Grandfather:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my 2G Grandmother:		
Her birth date:	C.	
Location:		
Her death date:	D.	
Location:		
Marriage date:	E.	
Location:		
SIXTH GENERATION		Proof Documents: No. 6
Fifth Generation Descendent:		
3G Grandfather:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my 3G Grandmother:		
Her birth date:	C.	
Location:		
Her death date:	D.	
Location:		
Marriage date:	E.	
Location:		

SEVENTH GENERATION		Proof Documents: No. 7
Sixth Generation Descendent:		
4G Grandfather:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my 4G Grandmother:		
Her birth date:	C.	
Location:		
Her death date	D.	
Location:		
Marriage date:	E.	
Location:		
EIGHTH GENERATION		Proof Documents: No. 8
Seventh Generation Descendent:		
5G Grandfather:		
His birth date:	A.	
Location:		
His death date:	B.	
Location:		
His wife/my 5G Grandmother:		
Her birth date:	C.	
Location:		
Her death date	D.	
Location:		
Marriage date:	E.	
Location:		

- 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.
- You have my permission to use the following information in any publications and/or electronic format to be published by the Southern Ohio Genealogical Society of Highland County, Ohio.
 - Yes ___ No ___ Birth, death, marriage dates and locations of deceased ancestors
 - Yes ___ No ___ Historical information about my deceased ancestors
 - Yes ___ No ___ My deceased ancestral lineage

Signature of Applicant: _____ Date: _____