



Membership Number _____

State _____

Chapter _____

The Continental Society Daughters of Indian Wars, Inc.

Application for Membership

Miss ☐ Mrs. ☐ _____
(Full Name)

Wife ☐ Widow ☐ Divorced ☐ _____
(Husband)

Residence _____
Street Address City State Zip+4

Email _____ Phone _____

Descendant of

Name of Ancestor _____

Qualifying Service of the Ancestor _____

Signatures of _____ State/Provincial Officers

State/Provincial Governor _____ Date _____

State/Provincial Registrar _____

Address of Registrar _____

Signatures of _____ Chapter Officers

(Name of Chapter, when applicable)

Chapter Governor _____ Date _____

Chapter Registrar _____

Address of Registrar _____

Application and fee received by Continental Society _____ Date _____

Signatures of Continental Society Officers

Governor General _____

Registrar General _____ Date Approved _____

APPLICANT ENDORSED IN HANDWRITING BY CSDIW MEMBERS:

(#) _____ Date _____

(#) _____ Date _____

**NOTICE: ALL BLANKS MUST BE TYPEWRITTEN WITH NAMES IN FULL
NO INITIALS**

LINEAGE

1. I

born on

(1) married on

to

died or divorced

(2) married on

to

died or divorced

(3) married on

to

died or divorced

Proof

at

at

born on

at

at

born on

at

at

born on

at

at

Please list all dates by day, month, year (17 Jan 1999)

2. The said

born

died at

died at

married on

Proof

was the child of

at

on

born

on

and place

and his (1st or) wife

at

3. The said

born

died at

died at

married on

Proof

was the child of

at

on

born

on

and place

and his (1st or) wife

at

4. The said

born

died at

died at

married on

Proof

was the child of

at

on

born

on

and place

and his (1st or) wife

at

5. The said

born

died at

died at

married on

Proof

was the child of

at

on

born

on

and place

and his (1st or) wife

at

6. The said

born

died at

died at

married on

Proof

was the child of

at

on

born

on

and place

and his (1st or) wife

at

7. The said	was the child of
born	at
died at	on and his (1 st or) wife
	born at
died at	on
married on	and place
Proof	

8. The said	was the child of
born	at
died at	on and his (1 st or) wife
	born at
died at	on
married on	and place
Proof	

9. The said	was the child of
born	at
died at	on and his (1 st or) wife
	born at
died at	on
married on	and place
Proof	

10. The said	was the child of
born	at
died at	on and his (1 st or) wife
	born at
died at	on
married on	and place
Proof	

11. The said	was the child of
born	at
died at	on and his (1 st or) wife
	born at
died at	on
married on	and place
Proof	

12. The said	was the child of
born	at
died at	on and his (1 st or) wife
	born at
died at	on
married on	and place
Proof	

13. The said _____
born _____
died at _____
died at _____
married on _____
Proof _____

was the child of _____
at _____
on _____ and his (1st or _____) wife
born _____ at _____
on _____
and place _____

14. The said _____
born _____
died at _____
died at _____
married on _____
Proof _____

was the child of _____
at _____
on _____ and his (1st or _____) wife
born _____ at _____
on _____
and place _____

SPOUSES OF ANCESTOR

Marriage Date _____

Marriage Date _____

Marriage Date _____

CHILDREN OF ANCESTOR

<i>Name</i>	<i>Date of Birth</i>	<i>To Whom Married</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References for Ancestor’s Service

The foregoing statements in this application are true to the best of my knowledge and belief. I
Pledge allegiance to the United States of America and agree to support its Constitution.

X _____

(Signature of Applicant)

Date _____