APPLICATION TYPE:

- [x] **REGULAR MEMBERSHIP**
- [ ] **JUNIOR MEMBERSHIP**
- [ ] **MEMORIAL MEMBERSHIP**
- [ ] **SUPPLEMENTAL**

National Number _____

State Number _____

Dallas Chapter, the Texas State Society

NATIONAL SOCIETY

SONS OF THE AMERICAN REVOLUTION

I hereby apply for membership in this Society by the right of bloodline descent from:

_____ Gen.# _____

who assisted in establishing American Independence while acting in the capacity of:

_____

NAME OF APPLICANT: _____ Age _____
(First) (Middle) (Last)

Street, R.D. or P.O. Box: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Name as you wish it to appear on SAR Certificate: _____

STATEMENT OF BLOODLINE TO PATRIOT ANCESTOR

(Give all names, dates, and places known. Show dates as day, month, and year e.g. **01 JAN 1900**)

		DATE	CITY/COUNTY/STATE
1. I am _____	born		
and my ____ wife _____	born		
NSDAR# _____	died		
(If Remarried)	married		
my ____ wife _____	born		
NSDAR# _____	died		
	married		
2. I am the son of _____	born		
NSSAR# _____	died		
and his ____ wife _____	born		
NSDAR# _____	died		
Who is the son ☐/daughter ☐ of	married		
3. Grandson of _____	born		
NSSAR# _____	died		
and his ____ wife _____	born		
NSDAR# _____	died		
Who is the son ☐/daughter ☐ of	married		
4. Great-Grandson of _____	born		
	died		
and his ____ wife _____	born		
	died		
Who is the son ☐/daughter ☐ of	married		
5. Great^{2}Grandson of _____	born		
	died		
and his ____ wife _____	born		
	died		
Who is the son ☐/daughter ☐ of	married		
6. Great^{3}Grandson of _____	born		
	died		
and his ____ wife _____	born		
	died		
Who is the son ☐/daughter ☐ of	married		
7. Great^{4}Grandson of _____	born		
	died		
and his ____ wife _____	born		
	died		
Who is the son ☐/daughter ☐ of	married		
8. Great^{5}Grandson of _____	born		
	died		
and his ____ wife _____	born		
	died		
Who is the son ☐/daughter ☐ of	married		
9. Great^{6}Grandson of _____	born		
	died		
and his ____ wife _____	born		
	died		
Who is the son ☐/daughter ☐ of	married		

Upon submission of the application, information thereon, and supplemental data become the property of the National Society of the Sons of the American Revolution

10. Great[7]Grandson of _____ born _____ _____
died _____ _____
and his ____wife _____ born _____ _____
died _____ _____
Who is the son ☐/daughter ☐of married _____ _____
11. Great[8]Grandson of _____ born _____ _____
died _____ _____
and his ____wife _____ born _____ _____
died _____ _____
Who is the son ☐/daughter ☐of married _____ _____
12. Great[9]Grandson of _____ born _____ _____
died _____ _____
and his ____wife _____ born _____ _____
died _____ _____
married _____ _____

REVOLUTIONARY WAR ANCESTOR --- Generation # _____
BURIED in the _____ Cemetery at _____
REFERENCES: Proof is needed only for individuals in the bloodline. Furnish a copy of each piece of evidence such as: birth certificate, marriage, baptismal, or cemetery record with parents' names, census 1850 or later, explicit Bible record, court document, title page and pertinent pages of annotated publications, DAR *record copy*.

My Gen. (Birth Certificate or equal showing parents) _____

2nd Gen. _____

3rd Gen. _____

4th Gen. _____

5th Gen. _____

6th Gen. _____

7th Gen. _____

8th Gen. _____

9th Gen. _____

10th Gen. _____

11th Gen. _____

12th Gen. _____

REFERENCES to Ancestor's Revolutionary War Service _____

I, _____ , certify that I meet the eligibility requirements of Article Ill of the Constitution of the National Society of the Sons of the American Revolution, namely that an applicant must be a male, a citizen of good repute in the community, does not advocate the overthrow of the Government of the United States by use of force or violence, and is the lineal descendant of an ancestor who was at the time of his last known service demonstrated loyalty to, and rendered active service in the cause of American Independence. I further assert that I have examined this completed application and the documentation submitted to prove the facts and statements herein, and to the best of my knowledge and belief, the facts and statements herein are true and correct. I request that the Society act upon my representations and grant me membership.

Signature of Applicant _____ Date _____

Recommended by the undersigned members
Sponsor
Name _____
Street/P.O. Box _____
City/St/Zip _____

Signed _____
NSSAR# _____

Co-Sponsor
Name _____

Signed _____
NSSAR# _____

State Registrar: _____ 2 _____

State Secretary: _____
Accepted by the State Board of Management
(optional): _____ 2 _____

Received at National Hdqrs. _____ 2 _____

Genealogist General: _____ By _____

_____ 2 _____

Registered by NSSAR _____

Registrar General: _____

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