

SCV Application Worksheet

Name of applicant _____ Age _____
(first) (middle) (last)

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

City, State & Zip code _____

Email address _____

Phone _____ Confederate Ancestor _____

Having living or deceased children by bloodline of applicant and not by adoption, by my wife as listed:

Child Name	Relationship	Wife#	Date of Birth	Place of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lineage to Confederate Ancestor

	Name <small>Full Birth Name</small>	Date <small>01 Jan 1900</small>	Location <small>City/County/State</small>
1. I am _____		born	_____
and my _____ wife _____		born	_____
		died	_____
(if remarried)		married	_____
my _____ wife _____		born	_____
		died	_____
		married	_____
2. I am the son of _____		born	_____
		died	_____
and his _____ wife _____		born	_____
		died	_____
		married	_____
Who is the son ___ /daughter ___ of			
3. Grandson of _____		born	_____
		died	_____
and his _____ wife _____		born	_____
		died	_____
		married	_____

SCV Application Worksheet

Who is the son ___ /daughter ___ of

4. Great-Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 married _____

Who is the son ___ /daughter ___ of

5. Great²Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 married _____

Who is the son ___ /daughter ___ of

6. Great³Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 married _____

Who is the son ___ /daughter ___ of

7. Great⁴Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 married _____

Who is the son ___ /daughter ___ of

7. Great⁴Grandson of _____ born _____
 died _____
 and his _____ wife _____ born _____
 died _____
 married _____

Certification

I certify the above is true & correct to the best of my knowledge

Signed

Date