

Member No. _____ Posthumous No. _____ Supplemental No. _____

For CRT to DRT Transfer CRT No. _____

Daughters of the Republic of Texas

APPLICATION FOR MEMBERSHIP

Check one:

Miss Mrs. Ms _____
Name of Applicant as it should appear on certificate

Wife Widow Other _____
Full Name of Husband

Residence

_____ Street or P.O. Box _____ City, _____

_____ State Zip Code A/C Telephone E-Mail Address

DESCENDANT OF

Ancestor's Name

I, _____ (*full maiden name*) hereby apply for membership in the Daughters of the Republic of Texas by right of lineal (bloodline) descent from: _____, born _____ at _____, died _____ at _____; who served the Republic of Texas in the capacity of _____ and whose place of residence during the Republic of Texas was _____

THE APPLICANT states that all information herein set forth and all lineage documentation submitted with this application is true to the best of her knowledge and belief.

(Mrs., Miss, or Ms) Signature of Applicant in Black Ink Day Month Year

CHAPTER RECORD

_____ Chapter Name City District

Chapter President's Signature Chapter Registrar's Signature

Chapter Registrar's Name _____

Chapter Registrar's Address _____

Chapter Registrar's Telephone _____

Chapter Registrar's Email _____

ENDORSEMENT Endorsed by the two undersigned members

Signature DRT No. Signature DRT No.

Chapter Chapter

STATE RECORD

Date Application Received by Registrar General _____ Examined _____ Approved _____

Registrar General's Signature President General's Signature

Date Application Received by Headquarters _____

Date Application and Certificate Sent to Chapter Registrar _____

GENERAL INSTRUCTIONS

- *Please review the Application Instructions before typing this form.*
- *All data entered on the form must be documented using proven records from primary sources (see instruction sheet for acceptable proofs).*
- *Date format: dd mon year e.g. 12 Jan 1829.*

LINEAGE of

GEN. 1. I was born on _____ at _____
I was married to _____
On _____ at _____
Who was born on _____ at _____
died _____ divorced on _____ at _____

For Posthumous Application Only: Died _____ at _____
I was married to _____
On _____ at _____
Who was born on _____ at _____
died _____ divorced on _____ at _____
I was married to _____
On _____ at _____
Who was born on _____ at _____
died _____ divorced on _____ at _____

Proofs: _____
Generation linking document

GEN. 2. I am the child by bloodline of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs: _____
Generation linking document

GEN. 3. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs: _____
Generation linking document

GEN. 4. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs: _____
Generation linking document

APPLICANT'S NAME:

GEN. 5. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____
Proofs:

Generation linking document

GEN. 6. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____
Proofs:

Generation linking document

GEN. 7. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____
Proofs:

Generation linking document

GEN. 8. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____
Proofs:

Generation linking document

GEN. 9. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____
Proofs:

Generation linking document

GEN. 10. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____
Proofs:

Generation linking document

PROOF OF ANCESTOR'S SERVICE

List the primary source documents provided which prove your ancestor's service from 1820 to 19 February 1846.

Children of Ancestor (If Known)

	NAME	DATE OF BIRTH	SPOUSE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Additional Proofs of Family History

When this application and supplementary data is approved and signed by the Registrar General, DRT it becomes the property of the Daughters of the Republic of Texas.

Check one each: Yes No Release copies of papers to prospective members.
 Check one each: Yes No Release copies of proofs to prospective members.

DO NOT FOLD APPLICATION