# FIRST FAMILIES OF JEFFERSON COUNTY OHIO APPLICATION FORM

### FIRST FAMILIES OF

### **JEFFERSON COUNTY, OHIO**

### **OBJECTIVE**

The main objective of this organization is to identify and honor the early settlers of Jefferson County, Ohio.

### MEMBERSHIP REQUIREMENTS

Any member of the Jefferson County Chapter of this Ohio Genealogical Society who can prove they are a direct descendant of an individual (s) who settled in Jefferson County, Ohio by December 31, 1820 may join the First Families of Jefferson County, Ohio (F.F.J.C.O.).

A one-time application fee of \$15.00, covering as many ancestors as the applicant wishes to prove; sufficient proof of descent; and a five-generation chart, showing the name(s) of every ancestor claimed, must be submitted with this application. A brief biographical sketch for each early settler claimed would also be appreciated, but is optional.

Applicants who have had their descent approved will receive a membership certificate and pin and will be honored at the F.F.J.C.O. Annual Dinner Program

### APPLICATION INSTRUCTIONS

Please type or handprint all known information within the spaces provided. We realize that you may not have all the required information to fill in every blank. However, please try to complete the blanks with as much information that is known.

It is necessary to prove each step of descent by submitting copies of various supporting documents (see HELPFUL HINTS). Hand copied or typewritten copies must be certified by an official of the courthouse, library or office where data was found. Maiden names must be proven with the exception of Indians and blacks. For filing purposes, do not submit application and proof of descent in a three-ring binder.

After completion, mail the application form, fee and five-generation chart, along with all supporting documents, to the mailing address which appears on the front cover. Be certain to sign the application on the back page. All evidence submitted will become the property of the Jefferson County Genealogical Society.

### **HELPFUL HINTS**

All proof of decent should be sufficient to clearly demonstrate that the applicant is indeed directly descended from the pioneer ancestor(s) named on page one of the application form. Acceptable forms of proof are birth and marriage records; death certificates\*; wills, administrations and estate records; guardianships; land deeds; old letters\*\*; county histories\*; census records; newspaper clippings; military and pension records; tax records; school records and report cards; Bible records\*\*; and the International Genealogical Index (IGI) \*\*\*.

- \*These records are considered secondary sources and must be backed up by other sources.
- \*\* If the information in letters or Bibles was written at a later date than an actual event, it is secondary information and should be backed up by other data. An example of secondary information in a letter would be "Cousin Jane had a baby boy 2 years ago." An example of primary information in a letter would be "Cousin Jane had a baby boy last week."
- \*\*\*IGI information copied from actual records or data that has been accepted by the LDS Church for a person being sealed to the church.

### FIRST FAMILIES OF JEFFERSON COUNTY, OHIO P.O. Box 2367 Wintersville, Oh 43953

## MEMBERSHIP APPLICATION

Applicant's Name		Applicant's Spouse		
Street Address		City/State/Zip Code		
County		Telephone		
Email Address				
Names of Ancestors of Applicant Who Were Living in Jefferson County, Ohio by December 31, 1820	Year First Proved in Jefferson County	Proof of Residency By Dec. 31, 1820	Ancestor's Previous State or County	
	DO NOT WRITE I	N SPACES BELOW		
Date Application Received: Amount of Fee Received:				
JCGS Dues Paid for Year: Date Membership Accepted: _		Committe	ee Chairman	
F.F.J.C.O. Number:		Chapter	r President	

	APPLICANT
Full Name:	
Born:	married: (Day/Month/Year)
(City/County/St	te) Where: (City/County/State)
<b>Proof of Descent (From Parents*):</b>	
	PARENTS
	Mother:
Born:	Born: Born: (Day/Month/Year)
(Day/Month/Y	ar) (Day/Month/Year)
Where:	te) Where: (City/County/State)
Died:	Died: (Day/Month/Year)
(Day/Month/Ye	r) (Day/Month/Year)
Where:	te) Where: (City/County/State)
(City/County/Si	te) (City/County/State)
M	rried:(Day/Month/Year)
	(Day/Month/Year)
W	ere:
	ere:(City/County/State)
<b>Proof of Descent (From Grand</b>	arents*):

\*NOTE: If claiming descent through female ancestor's line, proof of her maiden name must also be enclosed.

		GRANDPARENTS		
GF:		GM:		
Born:		Born:	(Day/Month/Year)	
	(Day/Month/Year)		(Day/Month/Year)	
Where:	(City/County/State)	Where:	(City/County/State)	
Died:				
<u> </u>	(Day/Month/Year)		(Day/Month/Year)	
Where:	(City/County/State)	Where:	(City/County/State)	
		(Day/Month/Year)		
		(Day/Month/Year)		
	Where:	(City/County/State)		
Proof of Desco		(City/County/State)		
Proof of Desco				
Proof of Desco	ent (From Gr-Grandparents*):			
	ent (From Gr-Grandparents*):	EAT-GRANDPARENT	r'S	
GR-GF:	ent (From Gr-Grandparents*): GRF	EAT-GRANDPARENT	r's	
GR-GF:	ent (From Gr-Grandparents*): GRF	EAT-GRANDPARENT	r'S	
GR-GF:	ent (From Gr-Grandparents*): GRE	EAT-GRANDPARENT GR-GM: Born:	(Day/Month/Year)	
GR-GF: Born:	ent (From Gr-Grandparents*): GRF	EAT-GRANDPARENT GR-GM: Born:	(Day/Month/Year)	
GR-GF: Born: Where:	ent (From Gr-Grandparents*): GRE  (Day/Month/Year)  (City/County/State)	EAT-GRANDPARENT GR-GM: Born: Where:	(Day/Month/Year) (City/County/State)	
GR-GF: Born: Where:	ent (From Gr-Grandparents*): GRE	EAT-GRANDPARENT GR-GM: Born: Where:	(Day/Month/Year)	
GR-GF: Born: Where: Died:	ent (From Gr-Grandparents*): GRE  (Day/Month/Year)  (City/County/State)  (Day/Month/Year)	EAT-GRANDPARENT  GR-GM: Born:  Where:  Died:	(Day/Month/Year)  (City/County/State)  (Day/Month/Year)	
GR-GF: Born: Where: Died:	ent (From Gr-Grandparents*): GRE  (Day/Month/Year)  (City/County/State)	EAT-GRANDPARENT  GR-GM: Born:  Where:  Died:	(Day/Month/Year)  (City/County/State)  (Day/Month/Year)	
GR-GF: Born: Where: Died:	GRE  (Day/Month/Year)  (City/County/State)  (Day/Month/Year)	EAT-GRANDPARENT  GR-GM: Born:  Where:  Died:	(Day/Month/Year)  (City/County/State)  (Day/Month/Year)  (City/County/State)	
GR-GF: Born: Where: Died:	ent (From Gr-Grandparents*):  GRE  (Day/Month/Year)  (City/County/State)  (Day/Month/Year)  (City/County/State)  Married:	EAT-GRANDPARENT  GR-GM: Born: Where: Died:	(Day/Month/Year)  (City/County/State)  (Day/Month/Year)  (City/County/State)	

# 2<sup>nd</sup> GREAT-GRANDPARENTS 2<sup>nd</sup> GR-GF: \_\_\_\_\_\_ 2<sup>nd</sup> GR-GM: \_\_\_\_\_ Born: \_\_\_\_\_(Day/Month/Year) (Day/Month/Year) Where: \_\_\_\_\_(City/County/State) (City/County/State) Died: \_\_\_\_\_ \_\_\_\_\_ Died: \_\_\_\_\_ (Day/Month/Year) (Day/Month/Year) Where: \_\_\_\_\_\_ Where: \_\_\_\_\_ (City/County/State) (City/County/State) Married: \_\_\_\_\_(Day/Month/Year) Where: \_\_\_\_\_\_(City/County/State) Proof of Descent (From 3rd Gr-Grandparents\*): **3rd GREAT-GRANDPARENTS** 3<sup>rd</sup> GR-GF: \_\_\_\_\_\_ 3<sup>rd</sup> GR-GM: \_\_\_\_\_ \_\_\_\_\_ Born: \_\_\_\_ Born: (Day/Month/Year) (Dav/Month/Year) Where: \_\_\_\_\_(City/County/State) (City/County/State) Died: \_\_\_\_\_ \_\_\_\_\_ Died: \_\_\_\_\_ (Day/Month/Year) (Day/Month/Year) (City/County/State) Where: Where: (City/County/State) Married: \_\_\_\_\_(Day/Month/Year) Where: \_\_\_\_\_\_(City/County/State)

Proof of Descent (From 4th Gr-Grandparents\*):

	CAT-GRANDPARE	
4 <sup>th</sup> GR-GF:	4 <sup>th</sup> GR-GM:	
Born:	<b>Born:</b>	
Born:(Day/Month/Year)		(Day/Month/Year)
Where:	Where:	
Where:(City/County/State)		(City/County/State)
Died:	Died:	
Died: (Day/Month/Year)		(Day/Month/Year)
Where:	Where:	
Where:(City/County/State)		(City/County/State)
Married:		
	Day/Month/Year)	
Where:		
(0	City/County/State)	
Proof of Descent (From 5th Gr-Grandparents	x*):	
1100101 Descent (110m o Gi Granaparents	·	

FALCE OF		_
5 <sup>th</sup> GR-GF:	5 <sup>th</sup> GR-GM	1:
Born:	Born:	
(Day/Month/Ye	ar)	(Day/Month/Year)
Where:	Where:	
(City/County/Sta	ute)	(City/County/State)
Died:	Died:	
Died: (Day/Month/Yea	ur)	(Day/Month/Year)
Where:	Where:	
Where:(City/County/Sta	nte)	(City/County/State)
Ma	rried:	
	(Day/Month/Year)	
Wł	nere:	
	nere:(City/County/State)	

ch co	
6 <sup>th</sup> GR	REAT-GRANDPARENTS
6 <sup>th</sup> GR-GF:	6 <sup>th</sup> GR-GM:
Born:	Born:
(Day/Month/Year)	Born: (Day/Month/Year)
Where:	Where:(City/County/State)
(City/County/State)	(City/County/State)
Died:	Died:
(Day/Month/Year)	(Day/Month/Year)
Where:	Where: (City/County/State)
(City/County/State)	(City/County/State)
Married:	(Day/Month/Year)
Where:	(City/County/State)
	(City/County/State)
If additional generations are ne	eeded, Please contact our society for another form.
_	
I,annlication are true to the best of my knowledge	, do hereby swear that the statements set forth in this ge and belief.
appheation are true to the best of my knowledg	50 and boner.
Applicant's Signature:	Date: