

Children of the Republic of Texas

APPLICATION FOR MEMBERSHIP

Full Name of Applicant *(Enter the name as you would like it on the membership certificate)*
Son or Daughter of

Father's Full Name and _____
Mother's First, Middle, Maiden Name

Mailing Address _____
Street or P.O. Box City

State Zip Code A/C Telephone E-Mail Address

DESCENDANT OF

Ancestor's Name

I, _____, being under the age of twenty-one years, hereby apply for membership in the Children 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 _____ 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 his/her knowledge and belief.

Signature of Applicant in Black Ink Day Month Year

- When signing for applicant (unable to write), please include your signature and relationship.

CHAPTER RECORD

CRT Chapter City District

Sponsoring DRT Chapter City

Date Application received, approved, and fees paid and sent to CRT Registrar, DRT _____

Signature of President of Sponsoring DRT Chapter Signature of CRT Registrar of Sponsoring CRT Chapter

CRT Chapter Registrar's Name

CRT Chapter Registrar's Address

CRT Chapter Registrar's Telephone

CRT Chapter Registrar's Email

ENDORSEMENT: Nominated and recommended by the two undersigned members of The Daughters of the Republic of Texas to whom the applicant is personally known.

Signature DRT NO. Signature DRT NO.

Chapter Chapter

STATE RECORD

Date Application Received by CRT Registrar, _____ Examined _____ Approved _____

Signature of CRT Registrar, DRT Signature of CRT Director

Date Duplicate Sent to Chapter CRT Registrar _____

Date Certificate of Membership Sent to Member _____

- Please review the Application Instructions before typing this form.
- All data on th form must be documented using proven records from primary sources may be included on the lineage pages (see instruction sheet for eligible proofs).
- Enclose a copy of the approved application paper(s) (DRT or CRT) referenced as proof. Write given names in full. Date format: 12 Jan 1829.

LINEAGE

GEN. 1. I was born _____ at _____
 Day Month Year City, County, State

Proofs:

Generation linking document

GEN. 2. I am the child by bloodline of

Father

Born _____ at _____

Died _____ at _____

Mother

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

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. 11. 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. 12 The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____
 And his (1st or _____) wife _____
 Born _____ at _____
 Died _____ at _____
 Married _____ at _____

Proofs:

PROOF OF ANCESTOR'S SERVICE

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

Give, if possible, Children of Ancestor

| | Name of Children | Date of Birth | Name of Spouse(s) |
|---|-------------------------|----------------------|--------------------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ |

Additional Proofs or Family History

When this application and supplementary data is approved and signed by the CRT Registrar, 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