

- APPLICATION TYPE:**
 MEMORIAL MEMBERSHIP
 REGULAR MEMBERSHIP
 JUNIOR MEMBERSHIP
 SUPPLEMENTAL



National number

State number

Chapter, the 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 (First) (Middle) (Last) Age

Address:

Phone: Email

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	
<hr/>		
2. I am the son of	born	
NSSAR#	died	
and his wife	born	
NSDAR#	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
3. Grandson of	born	
NSSAR#	died	
and his wife	born	
NSDAR#	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
4. Great-Grandson of	born	
NSSAR#	died	
and his wife	born	
NSDAR#	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
5. Great ² Grandson of	born	
NSSAR#	died	
and his wife	born	
NSDAR#	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
6. Great ³ Grandson of	born	
NSSAR#	died	
and his wife	born	
NSDAR#	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
7. Great ⁴ Grandson of	born	
	died	
and his wife	born	
	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
8. Great ⁵ Grandson of	born	
	died	
and his wife	born	
	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
9. Great ⁶ Grandson of	born	
	died	
and his wife	born	
	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	
<hr/>		
10. Great ⁷ Grandson of	born	
	died	
and his wife	born	
	died	
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married	

11. Great ⁸ Grandson of	born
and his wife	died
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	born
	died
	married
12. Great ⁹ Grandson of	born
and his wife	died
	born
	died
	married

REVOLUTIONARY WAR ANCESTOR—Gen. #
 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 III 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 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	Co-Sponsor
Name: _____	Name: _____
Address: _____	
Signed: _____	Signed: _____
NSSAR#: _____	NSSAR#: _____
Date: _____	Date: _____

STATE SOCIETY CERTIFICATION

State Registrar: _____	Date Approved: _____
State Secretary: _____	Date Approved: _____
Accepted by the State Board of Management (optional): _____	Date Accepted: _____
Sent to National Headquarters: _____	Date: _____

NATIONAL SOCIETY CERTIFICATION

Received at National Headquarters: _____	Date: _____
Genealogist General: _____ By: _____	Approved: _____
Registrar General: _____	Registered on: _____
	Deceased on: _____