

**The Allen County Genealogical Society
Lineage Society Rules and Application Procedures
For Civil War Families of Allen County, Ohio**

The following rules and procedures apply to all applications for Civil War Families of Allen County, Ohio. Applicants must submit an application, the application fee and full documentation by June 1st of the current year for approval and induction during that year. Applications received after June 1st will be prepared for approval and induction in the current year at the discretion of the lineage society chairperson, if time allows.

Membership Requirements and General Information.

1. Applicants must be current members of the Allen County Genealogical Society.
2. Applicants must prove:
 - That their direct ancestor(s) and/or collateral relative(s) served in the Civil War, for the Union or the Confederacy and the line from the ancestor or relative to the applicant.
 - The ancestor or relative must have lived, died, or be buried in Allen County, Ohio and served in a Civil War military unit, in the "Squirrel Hunters", as a spy, or those with documented civilian service or be female ancestors/collaterals who served in some capacity (Example: nurses).
 - Dates of service must be between 12 April 1861 and 18 April 1865.
 - Only bloodline ancestors/collateral relatives are eligible. Adoptive lines are not eligible.
 - Collateral relatives eligible are relations of a direct ancestor whose relationship to the direct ancestor and Civil War service can be proven.
3. Illegitimacy is not grounds for denial for Civil War Families
4. A non-refundable application fee of \$20.00 must accompany the application. Dues must be paid up to date before the application will be approved for the year in which the applicant is inducted.
5. Upon application approval, the applicant will be presented with a lineage society certificate and pin on the annual First Families of Allen County Day. Only one Civil War Families pin will be issued to each approved member. Replacement pins and certificates may be purchased for a \$5 fee each. No pin will be issued for supplementals; however, a certificate will be issued for each additional ancestor or collateral relative approved as long as the applicant is a member in good standing.
6. Additional ancestors to Civil War lineage society may be submitted in future years. ACGS refers to this process as submitting a supplemental application. Please use the CWF application form to submit additional ancestors and clearly mark your CWF member number on that application. There is a \$5 fee for supplemental applications. You are encouraged to attend the lineage societies' ceremonies to receive your new certificate.
7. Deadline for applications to be postmarked by or delivered to ACGS is June 1st of each year. Mail application form and supporting documents to: ACGS CWF, P. O. Box 1104, Lima, OH 45802.
8. Applications and accompanying documents become the property of the Allen County Genealogical Society.
9. Applications may be signed by the applicant or by the person who compiled the application for the applicant. Unsigned applications will not be reviewed.
10. The final application approval is decided by the committee chairperson after careful, thorough review. Please remember that all ACGS lineage society chairpersons and committee members are volunteering their time to ACGS.

CIVIL WAR FAMILIES OF ALLEN COUNTY

I, _____,
do hereby make application to be included in the ROSTER OF CIVIL WAR OF ALLEN COUNTY, OHIO.

It is my understanding that my ancestors or collateral relative must have served, lived, died, or buried in Allen County, Ohio and served in the American Civil War between 12 April 1861 and 18 April 1865.

I am related to: _____

Who lived _____, died _____, or buried _____ in Allen County, Ohio and served in a Civil War unit from Allen County _____, or another Civil War unit _____ (Check all that apply)

Is this your First Civil War Application _____ or Supplemental _____
If Supplemental what is the number of your Original Civil War Application _____

Military Information

Company _____, Regiment Number _____, State _____, Infantry _____,
Cavalry _____, Artillery (Heavy/Light) _____, Other _____

I am applying for this ancestor or collateral relative to be included in the Roster of the Civil War Families of Allen County, Ohio.

It is also my understanding that if this application is approved, a certificate signed by the President of the Allen County Genealogical Society and the Civil War Families Committee Chairman will be awarded to me in my name at the July Meeting of the Society.

All application folders and contents therein become the property of the Allen County Genealogical Society.

Signature _____

Address _____

Phone Number _____ E-Mail _____

ACGS Use ONLY

Approved by two members of the Allen County Genealogical Society on _____

Date application received _____ Membership Dues paid _____

Fee Received _____ Civil War Families Membership Number _____

- 1) I _____ was born on _____
at _____
City County State
- 2) I am the child of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State
- 3) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State
- 4) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

5) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

6) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

7) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

8) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

9) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

10) The said _____ was the _____
Son or Daughter
Of _____
Born on _____ at _____
City County State
Died on _____ at _____
City County State
_____ his wife,
Born on _____ at _____
City County State
Died on _____ at _____
City County State
Married on _____ at _____
City County State

List title and copyright/publication information with the volume and page numbers for the book references. Please include photocopies. If sources are from published or unpublished records, a photo or photocopy must accompany the application.

Authorities as to the Civil War service of ancestor or collateral relative, upon whom Eligibility is claimed. Proof of the relationship from the direct ancestor to the applicant and from the direct ancestor to the collateral relative must be shown.

Authorities as to descent. Each step must be proved.

- 1)

-
- 2)

-
- 3)

-
- 4)

-
- 5)

-
- 6)

-
- 7)

-
- 8)

-
- 9)

-
- 10)

-

I, _____ do hereby state that the statements set forth on this application are true to the best of my knowledge abd belief.

Signature of Application _____ Date _____