

Families of Fulton — Application

1.	I,	<small>First</small>	<small>Middle and/or Maiden Name</small>	<small>Surname</small>	Doc #
	was born on			<small>City /County/ State</small>	Doc #
	on			<small>City /County/ State</small>	Doc #
	married to				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
2.	I am the child of				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
	and spouse				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
	married on			<small>City /County/ State</small>	Doc #
3.	The said				Doc #
	of				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
	and spouse				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
	married on			<small>City /County/ State</small>	Doc #
4.	The said				Doc #
	of				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
	and spouse				Doc #
	born on			<small>City /County/ State</small>	Doc #
	died on			<small>City /County/ State</small>	Doc #
	married on			<small>City /County/ State</small>	Doc #

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5.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	and spouse _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	married on _____ at _____	_____
		City /County/ State
6.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	and spouse _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	married on _____ at _____	_____
		City /County/ State
7.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	and spouse _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	married on _____ at _____	_____
		City /County/ State
8.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
	of _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	and spouse _____	_____
	born on _____ at _____	_____
		City /County/ State
	died on _____ at _____	_____
		City /County/ State
	married on _____ at _____	_____
		City /County/ State

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If needed, use the spaces below to add additional generations. Please write the number of the appropriate generation on the space provided before each generation.

___ The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
of _____		Doc # _____
born on _____ at _____	City /County/ State	Doc # _____
died on _____ at _____	City /County/ State	Doc # _____
and spouse _____		Doc # _____
born on _____ at _____	City /County/ State	Doc # _____
died on _____ at _____	City /County/ State	Doc # _____
married on _____ at _____	City /County/ State	Doc # _____
___ The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
of _____		Doc # _____
born on _____ at _____	City /County/ State	Doc # _____
died on _____ at _____	City /County/ State	Doc # _____
and spouse _____		Doc # _____
born on _____ at _____	City /County/ State	Doc # _____
died on _____ at _____	City /County/ State	Doc # _____
married on _____ at _____	City /County/ State	Doc # _____
___ The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____
of _____		Doc # _____
born on _____ at _____	City /County/ State	Doc # _____
died on _____ at _____	City /County/ State	Doc # _____
and spouse _____		Doc # _____
born on _____ at _____	City /County/ State	Doc # _____
died on _____ at _____	City /County/ State	Doc # _____
married on _____ at _____	City /County/ State	Doc # _____

Certification

I, _____, do hereby swear/attest that the statements set forth in this application are true to the best of my knowledge and belief.

Signature of Applicant _____ **Date** _____

(This application may be signed and submitted by the person who has researched and compiled the lineage for the applicant.)

