

Member No. _____

Supplemental No. _____

Children of the Republic of Texas

APPLICATION FOR MEMBERSHIP

_____ Full Name of Applicant

Son or Daughter of

_____ and _____
Father's Full Name 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 in Capital Letters

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

_____ 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.

DRT No. _____

DRT No. _____

_____ Signature

_____ Signature

_____ Chapter

_____ Chapter

STATE RECORD

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

_____ Signature of CRT Registrar, DRT

_____ Signature of CRT Director, DRT

Date Duplicate Sent to Chapter CRT Registrar _____

Date Certificate of Membership Sent to Member _____

GENERAL INSTRUCTIONS

Please review the Application Instructions before typing this form. Only 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

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 _____
and whose place of residence during the Republic of Texas was _____

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

Proofs:

GEN. 2. I am the child by bloodline of _____

Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs:

GEN. 3. The said _____
Was the child of _____

Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs:

GEN. 4. The said _____
Was the child of _____

Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs:

GEN. 5. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____
 And his (1st or _____) wife _____
 Born _____ at _____
 Died _____ at _____
 Married _____ at _____

Proofs:

GEN. 6. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____
 And his (1st or _____) wife _____
 Born _____ at _____
 Died _____ at _____
 Married _____ at _____

Proofs:

GEN. 7. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____
 And his (1st or _____) wife _____
 Born _____ at _____
 Died _____ at _____
 Married _____ at _____

Proofs:

GEN. 8. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____
 And his (1st or _____) wife _____
 Born _____ at _____
 Died _____ at _____
 Married _____ at _____

Proofs:

GEN. 9. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____
 And his (1st or _____) wife _____
 Born _____ at _____
 Died _____ at _____
 Married _____ at _____

Proofs:

GEN. 10. 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	Date of Birth	Spouse
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

Additional Proofs of Family History

TYPE YOUR NAME AS YOU WISH IT TO APPEAR ON THE CRT CERTIFICATE

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.

Application is to be made in duplicate (two originals, or one typewritten original and one photocopy.) Computer application originals must be printed on paper purchased from a Chapter Registrar or the DRT Headquarters in Austin. Use black ink for ALL signatures.

DO NOT FOLD APPLICATION

APPLICANT'S NAME