

DRT No. \_\_\_\_\_ Supplement No: \_\_\_\_\_

CRT No. \_\_\_\_\_

## Daughters of the Republic of Texas CRT TRANSFER TO DRT SHORT-FORM

Mrs.      Miss

\_\_\_\_\_ [Full maiden name with married surname]

Wife      Widow

of

\_\_\_\_\_ [Full name of husband]

Residence:

\_\_\_\_\_ Mailing address

\_\_\_\_\_ City                      ST                      Zip                      (A/C)                      Phone

\_\_\_\_\_ Ancestor's Name in Capital Letters

### DRT CHAPTER RECORD

Chapter \_\_\_\_\_ City \_\_\_\_\_

Date application received, approved fee and annual dues paid, and sent to Registrar General

\_\_\_\_\_ Chapter President's Signature

\_\_\_\_\_ Chapter Registrar's Signature

Chapter Registrar's Address

\_\_\_\_\_

Examined \_\_\_\_\_

Telephone \_\_\_\_\_

Approved \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ Registrar General

\_\_\_\_\_ President General

Date Application and Duplicate Received by Registrar General \_\_\_\_\_

Date Duplicate Sent to Chapter Registrar \_\_\_\_\_

Date Certificate for Membership Sent to Member \_\_\_\_\_

Date Member at Large Approved by Board of Management \_\_\_\_\_

### Endorsement

Nominated and recommended by the two undersigned members of this Association to whom the applicant is personally known.

\_\_\_\_\_ Signature                      DRT No.

\_\_\_\_\_ Signature                      DRT No.

\_\_\_\_\_ Chapter

\_\_\_\_\_ Chapter

DO NOT FOLD APPLICATION

Initiation fee \$ waived

DRT state dues: \$ \_\_\_\_\_

Check one each:  I allow  I disallow DRT, Inc., to release copies of papers to prospective members.

I allow  I disallow DRT, Inc. to release copies of proof to prospective members.

**LINEAGE**

<p><b>I,</b> _____</p> <p>Hereby apply for transfer of membership from CHILDREN OF THE REPUBLIC OF TEXAS to the DAUGHTERS OF THE REPUBLIC OF TEXAS</p> <p>I was admitted to the CRT on _____ (day-month-year): _____</p> <p>CRT Chapter: _____ City _____</p> <p>I was born on : _____ at _____</p> <p align="center"><small>Day Month Year City County ST</small></p>
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**If you have married since your CRT application was submitted, please complete the block below.** The information below must be documented with birth, death and marriage records. [See MOP] Copies of proofs must be on **LEGAL SIZED PAPER**.

<p>Married _____ at _____</p> <p>on _____</p> <p align="center"><small>Name of Spouse in Full Day Month Year City County ST</small></p> <p>who was born on : _____ at _____</p> <p align="center"><small>Day Month Year City County ST</small></p> <p><input type="checkbox"/> died or <input type="checkbox"/> divorced on _____ at _____</p> <p align="center"><small>Day Month Year City County ST</small></p> <p>List of proofs included to support the information provided for the spouse and marriage:</p>    
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**Updates to CRT Application**

If any changes have occurred to the lineage on your original application, they must be entered below and include copies of all proofs on LEGAL SIZED PAPER. Failure to update the information may delay your application.

Gen #	Name	Updated facts
	<i>Proofs:</i>	
	<i>Proofs:</i>	
	<i>Proofs:</i>	
	<i>Proofs:</i>	

(Signature of Applicant) \_\_\_\_\_  
Full maiden name (with married surname, if applicable)

(Signed this Date) \_\_\_\_\_  
Day Month Year

- Application for transfer to DRT Membership should include the following items to be considered complete:
- 2 copies of the CRT to DRT Short Forms [one copy must be on DRT watermarked paper]
  - Please make sure your printer properties are set to "legal" paper size when printing the form*
  - 1 copy of proofs of any additional application facts [see above]
  - 1 copy of the record copy of applicant's original CRT application showing CRT RG signature & approval date
  - 1 copy of CRT to DRT transfer card obtained from CRT Registrar General
  - A check payable to "DRT, Inc" for the state dues.