

Member No. _____ Posthumous No. _____ Supplemental No. _____

Daughters of the Republic of Texas

APPLICATION FOR MEMBERSHIP

Check one:

Miss Mrs. Ms _____
Full Name of Applicant

Wife Widow Other _____
Full Name of Husband

Residence _____
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 her knowledge and belief.

(Mrs., Miss, or Ms) Signature of Applicant in Black Ink Day Month Year

CHAPTER RECORD _____
Chapter Name

City District No.

Date Application received, approved, fee and dues paid, and sent to Registrar General _____

Chapter President's Signature Chapter Registrar's Signature

Chapter Registrar's Name _____

Chapter Registrar's Address _____

Chapter Registrar's Telephone

Chapter Registrar's Email _____

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

STATE RECORD

Date Application Received by Registrar General _____ Examined _____ Approved _____

Registrar General's Signature President General's Signature

Date Member at Large Approved by Board of Management _____

Date Duplicate Sent to Chapter 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). Write given names in full. Date format: 12 Jan 1829.

LINEAGE

I, _____, hereby apply for membership in the Daughters 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 _____ I was married to _____ On _____ at _____ Who was born on _____ at _____ died _____ divorced on _____ at _____

For Posthumous Application Only: Died _____ at _____ I was married to _____ On _____ at _____ Who was born on _____ at _____ died _____ divorced on _____ at _____ I was married to _____ On _____ at _____ Who was born on _____ at _____ died _____ divorced on _____ at _____

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.

Children of Ancestor (If Known)

	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 DRT CERTIFICATE

When this application and supplementary data is approved and signed by the Registrar General, 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