

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

For CRT to DRT Transfer CRT No. _____

Daughters of the Republic of Texas

APPLICATION FOR MEMBERSHIP

Check one:

Miss Mrs. Ms _____
Name of Applicant as it should appear on certificate

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

I, _____ (full maiden name) 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 _____

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 _____

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

 Endorsed by the two undersigned members

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 Application Received by Headquarters

Date Application and Certificate Sent to Chapter Registrar

GENERAL INSTRUCTIONS

- *Please review the Application Instructions before typing this form.*
- *All data entered on the form must be documented using proven records from primary sources/(see instruction sheet for acceptable proofs).*
- *Date format: dd mon year e.g. 12 Jan 1829.*

LINEAGE of

GEN. 1. I was born on _____ 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:

Generation linking document

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:

Generation linking document

GEN. 3. The said _____

Was the child of _____

Born _____ at _____

Died _____ at _____

And his (1st or _____) wife _____

Born _____ at _____

Died _____ at _____

Married _____ at _____

Proofs:

Generation linking document

GEN. 4. The said _____

Was the child of _____

Born _____ at _____

Died _____ at _____

And his (1st or _____) wife _____

Born _____ at _____

Died _____ at _____

Married _____ at _____

Proofs:

Generation linking document

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

Proofs:

Generation linking document

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

Proofs:

Generation linking document

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

Proofs:

Generation linking document

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

Proofs:

Generation linking document

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

Proofs:

Generation linking document

GEN. 10. The said _____
Was the child of _____
Born _____ at _____
Died _____ at _____
And his (1st or _____) wife _____
Born _____ at _____
Died _____ at _____
Married _____ at _____

Proofs:

Generation linking document

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

Sample

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.

DO NOT FOLD APPLICATION