PIONEER FAMILIES

OF

JEFFERSON COUNTY

OHIO

APPLICATION FORM

PIONEER FAMILIES OF JEFFERSON COUNTY, OHIO

OBJECTIVE

The main objective of this organization is to identify and honor the early settlers of Jefferson County, Ohio.

MEMBERSHIP REQUIREMENTS

Any member of the Jefferson County Chapter of this Ohio Genealogical Society who can prove they are a direct descendant of an individual (s) who settled in Jefferson County, Ohio by December 31, 1850 may join the Pioneer Families of Jefferson County, Ohio (P.F.J.C.O.).

A one-time application fee of \$15.00, covering as many ancestors as the applicant wishes to prove; sufficient proof of descent; and a five-generation chart, showing the name(s) of every ancestor claimed, must be submitted with this application. A brief biographical sketch for each early settler claimed would also be appreciated, but is optional.

Applicants who have had their descent approved will receive a membership certificate and pin and will be honored at the P.F.J.C.O. Annual Dinner Program

APPLICATION INSTRUCTIONS

Please type or handprint all known information within the spaces provided. We realize that you may not have all the required information to fill in every blank. However, please try to complete the blanks with as much information that is known.

It is necessary to prove each step of descent by submitting copies of various supporting documents (see HELPFUL HINTS). Hand copied or typewritten copies must be certified by an official of the courthouse, library or office where data was found. Maiden names must be proven with the exception of Indians and blacks. For filing purposes, do not submit application and proof of descent in a three-ring binder.

After completion, mail the application form, fee and five-generation chart, along with all supporting documents, to the mailing address which appears on the front cover. Be certain to sign the application on the back page. All evidence submitted will become the property of the Jefferson County Genealogical Society.

HELPFUL HINTS

All proof of decent should be sufficient to clearly demonstrate that the applicant is indeed directly descended from the pioneer ancestor(s) named on page one of the application form. Acceptable forms of proof are:

1. Birth Records	8. County Histories
2. Marriage Records	9. Census Records
3. Wills & Administrations	10. Newspaper Clippings
4. Estate Records	11. Military Records
5. Guardianships	12. Tax Records
6. Land Deeds	13. Tombstone Photographs
7. Old Letters	14. Cemetery Records

PIONEER FAMILIES OF JEFFERSON COUNTY, OHIO P.O. Box 2367 Wintersville, Oh 43953 MEMBERSHIP

APPLICATION

Applicant's Name		Applicant's Spouse	
Street Address		City/State/Zip Code	
County		Telephone	
Email Address		<u>I</u>	
Names of Ancestors of Applicant Who Were Living in Jefferson County, Ohio by December 31, 1850	Year First Proved in Jefferson County	Proof of Residency By Dec. 31, 1850	Ancestor's Previous State or County
	DO NOT WRITE I	IN SPACES BELOW	
Date Application Received:		Committe	ee Chairman
F.F.J.C.O. Number:			r President

		APPLICANT	
Full Name:			
Born:	(Day/Month/Year)	Married:	(Day/Month/Year)
···········	(City/County/State)		(City/County/State)
Proof of Descent (F	rom Parents*):		
		PARENTS	
Father:		Mother:	
Born:		Born:	(Day/Month/Year)
	· •		· •
Where:		Where:	(City/County/State)
	(City/County/State)		(City/County/State)
Died:		Died:	(Day/Month/Year)
Where:	(City/County/State)	Where:	(City/County/State)
	, ,		, ,
	Married:	(Day/Month/Year)	
	where:	(City/County/State)	

*NOTE: If claiming descent through female ancestor's line, proof of her maiden name must also be enclosed.

		GRANDPARENTS		
GF:		GM:		
Born:		Born:		
	(Day/Month/Year)		(Day/Month/Year)	
Where:		Where:	(City/County/State)	
	(City/County/State)		(City/County/State)	
Died:		Died:	(Day/Month/Year)	
	(Day/Month/Year)		(Day/Montn/Year)	
Where:	(City/County/State)	Where:	(City/County/State)	
	Married: _	(Day/Month/Year)		
	Where:	(City/County/State)		
		GREAT-GRANDPARENT	c c	
GR-GF:				
		GK-GM:		
Rorn				
Born:	(Day/Month/Year)		(Day/Month/Year)	
		Born:		
Born:				
Where:	(Day/Month/Year) (City/County/State)	Born: Where:	(Day/Month/Year) (City/County/State)	
Where:	(Day/Month/Year)	Born: Where:	(Day/Month/Year)	
Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year)	Born: Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year)	
Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year)	Born: Where: Died:	(Day/Month/Year) (City/County/State)	
Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)	Born: Where: Died: Where:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)	
Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year)	Born: Born: Where: Died: Where:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)	
Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State) Married:	Born: Where: Died: Where:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)	

Proof of Descent (From 2ND Gr-Grandparents*):

and on an		1	
2 nd GR-GF:		2 nd GR-GM:	
Born:		Born:	(Day/Month/Year)
	(Day/Month/Year)		(Day/Month/Year)
Where:		Where:	(City/County/State)
	(City/County/State)		(City/County/State)
Died:	(Day/Month/Year)	Died:	
	(Day/Month/Year)		(Day/Month/Year)
Where:		Where:	
	(City/County/State)		(City/County/State)
	Married:		
		(Day/Month/Year)	
	Where:		
		(City/County/State)	
Proof of Descen			
Proof of Descen			
Proof of Descen	t (From 3 rd Gr-Grandparents*):		
	t (From 3 rd Gr-Grandparents*):	REAT-GRANDPAREN	VTS
	t (From 3 rd Gr-Grandparents*):	REAT-GRANDPAREN	
	t (From 3 rd Gr-Grandparents*): 3 rd GF	REAT-GRANDPAREN 3rd GR-GM:	VTS
3 rd GR-GF:	t (From 3 rd Gr-Grandparents*): 3 rd GF	REAT-GRANDPAREN	VTS
3 rd GR-GF:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year)	REAT-GRANDPAREN 3 rd GR-GM: Born:	(Day/Month/Year)
3 rd GR-GF: Born:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year)	REAT-GRANDPAREN 3 rd GR-GM: Born:	VTS
3 rd GR-GF: Born:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State)	REAT-GRANDPAREN 3 rd GR-GM: Born:	(Day/Month/Year) (City/County/State)
3 rd GR-GF: Born: Where:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State)	REAT-GRANDPAREN 3 rd GR-GM: Born: Where:	(Day/Month/Year) (City/County/State)
3 rd GR-GF: Born: Where:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State) (Day/Month/Year)	REAT-GRANDPAREN 3rd GR-GM: Born: Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year)
3 rd GR-GF: Born: Where: Died:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State) (Day/Month/Year)	REAT-GRANDPAREN 3rd GR-GM: Born: Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year)
3 rd GR-GF: Born: Where: Died:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State) (Day/Month/Year)	REAT-GRANDPAREN 3 rd GR-GM: Born: Where: Died: Where:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)
3 rd GR-GF: Born: Where: Died:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State) (Day/Month/Year)	REAT-GRANDPAREN 3rd GR-GM: Born: Where: Died:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)
3 rd GR-GF: Born: Where: Died:	t (From 3 rd Gr-Grandparents*): 3 rd GF (Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State) Married:	REAT-GRANDPAREN 3 rd GR-GM: Born: Where: Died: Where:	(Day/Month/Year) (City/County/State) (Day/Month/Year) (City/County/State)

	4 th G	REAT-GRANDPAREN	NTS	
4 th GR-GF:		4 th GR-GM:		
Born:	(C)	Born:	(Day/Month/Year)	
	(Day/Month/Year)		(Day/Month/Year)	
Where:	(City/County/State)	Where:	(City/County/State)	
Died:	(Day/Mandle/Vaga)	Died:	(Day/Month/Year)	
	(Day/Month/Tear)		(Day/Month/Year)	
Where:	(2) (2	Where:	(City/County/State)	
	(City/County/State)		(City/County/State)	
	Married:	(Day/Month/Year)		
		(Day/Month/Year)		
	Where:			
		(City/County/State)		
Proof of Des	scent (From 5th Gr-Grandpare	nts*):		
	5 th GI	REAT-GRANDPAREN	TTS	
5 th GR-GF:		5 th GR-GM:		
Rorn		Rorn		
	(Day/Month/Year)		(Day/Month/Year)	
Where:		Where:		
	(City/County/State)		(City/County/State)	
Died:		Died:		
	(Day/Month/Year)	Dicu:	(Day/Month/Year)	
Where:		Where:		
	(City/County/State)		(City/County/State)	
	Married			
		(Day/Month/Year)		
	Whoma			
	wnere:	(City/County/State)		
		• •		
Proof of Des	scent (From 6th Gr-Grandpare	nts*):		

	6th GREA	AT-GRANDPAREN	NTS
6 th GR-GF:		6 th GR-GM:	
Born:		Born:	(Day/Month/Year)
	(Day/Month/Year)		(Day/Month/Year)
Where:		Where:	
	(City/County/State)		(City/County/State)
Died:		Died:	
	(Day/Month/Year)		(Day/Month/Year)
Where:		Where:	
	(City/County/State)		(City/County/State)
	Married:		
	(D	Day/Month/Year)	
	Where:		
	(C	ity/County/State)	
If c	additional generations are nee	eded, Please contac	ct our society for another form.
I,application are true	to the best of my knowledge a	, do hereby swond belief.	ear that the statements set forth in this
Applicant's Signatur	re:		Date: