

Member No. \_\_\_\_\_  Posthumous No. \_\_\_\_\_  Supplemental No. \_\_\_\_\_

For CRT to DRT Transfer, CRT No. \_\_\_\_\_  Dual CRT/DRT Membership  Remove from CRT Membership

# Daughters of the Republic of Texas

## APPLICATION FOR MEMBERSHIP

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 \_\_\_\_\_  Mobile  Home Phone \_\_\_\_\_ Email 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 on \_\_\_\_\_ at \_\_\_\_\_ and  
died on \_\_\_\_\_ at \_\_\_\_\_, who  
served the Republic of Texas in the capacity of \_\_\_\_\_, and whose  
place of residence during the Republic of Texas was \_\_\_\_\_.

**These dates and locations must match the information in the last generation**

**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 Chapter City District

\_\_\_\_\_  
Chapter President's Signature MAL or Chapter Registrar's Signature

MAL or Chapter Registrar's } Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**ENDORSEMENT** Endorsed by the two undersigned members:

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

**STATE RECORD**  
Date Application Received \_\_\_\_\_, Examined \_\_\_\_\_, Approved \_\_\_\_\_ by Registrar General.

Date additional documentation requested, if necessary \_\_\_\_\_

\_\_\_\_\_  
Registrar General's Signature President General's Signature

Date Application Received by Headquarters \_\_\_\_\_

Date Application and Certificate Sent to Chapter Registrar \_\_\_\_\_

DOB: \_\_\_\_\_

### 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 .
- Use this date format: dd mmm yyyy, 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 (1<sup>st</sup> 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 (1<sup>st</sup> 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 (1<sup>st</sup> or \_\_\_\_\_) wife \_\_\_\_\_  
 Born \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ at \_\_\_\_\_  
 Married \_\_\_\_\_ at \_\_\_\_\_

Proofs:

**Generation linking document**

Applicant: \_\_\_\_\_



**GEN 10.** The said \_\_\_\_\_  
 Was the child of \_\_\_\_\_  
 Born \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ at \_\_\_\_\_  
 And his (1<sup>st</sup> or \_\_\_\_\_) wife \_\_\_\_\_  
 Born \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ at \_\_\_\_\_  
 Married \_\_\_\_\_ at \_\_\_\_\_

Proofs:

**Generation linking document**

**GEN 11.** The said \_\_\_\_\_  
 Was the child of \_\_\_\_\_  
 Born \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ at \_\_\_\_\_  
 And his (1<sup>st</sup> or \_\_\_\_\_) wife \_\_\_\_\_  
 Born \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ at \_\_\_\_\_  
 Married \_\_\_\_\_ at \_\_\_\_\_

Proofs:

**PROOF OF ANCESTOR’S SERVICE**

*List the primary source document provided herein that proves your ancestor’s service 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 or Family History**  
*Continue on legal-size page if necessary*

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**

Applicant: \_\_\_\_\_