

Member No. _____

Supplemental No. _____

Children of the Republic of Texas

APPLICATION FOR MEMBERSHIP

Full Name of Applicant (Enter the child's name as it should appear on the membership certificate.)

Father's First, Middle, Last Names and Mother's First, Middle, Maiden Names

Mailing Address _____
Street or P.O. Box _____ City _____
State _____ Zip Code _____ Mobile Home Phone _____ Email Address _____

DESCENDANT OF

Ancestor's Name

I, _____, being under the age of twenty-one (21) years, hereby apply for membership in the Children 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 _____.

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 are true to the best of his/her knowledge and belief.

Signature of Applicant in Black Ink (if able to sign) Day _____ Month _____ Year _____

*When signing for applicant who is unable to write, please include signature and relationship.

CHAPTER RECORD

CRT Chapter _____ City _____ District _____

Sponsoring DRT Chapter _____ City _____

Date Application received, approved, and fees paid and sent to CRT Registrar, DRT _____

Signature of President of Sponsoring DRT Chapter _____ Signature of CRT Registrar of Sponsoring DRT Chapter _____

Contact information for CRT Registrar of Sponsoring DRT Chapter { Name _____ Address _____ City, ST Zip _____ Telephone _____ Email _____

ENDORSEMENT: Nominated and recommended by the two undersigned members of The Daughters of the Republic of Texas to whom the applicant is personally known.

Signature _____ DRT No. _____ Signature _____ DRT No. _____

Chapter _____ Chapter _____

STATE RECORD

Date Application Received _____, Examined _____, Approved _____ by CRT Registrar.

Date additional documentation requested, if necessary _____

Signature of CRT Registrar, DRT _____ Signature of CRT Director _____

Date Duplicate Sent to DRT Chapter CRT Registrar _____

Date Certificate of Membership Sent to Member _____

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., 02 Jan 1829

LINEAGE

GEN. 1. I was born _____ at _____
Day Month Year City, County, State

Proofs:

Generation linking document

GEN. 2. I am the child by bloodline of

Father

Born _____ at _____

Died _____ at _____

Mother

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

Applicant: _____

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

Applicant: _____

GEN. 11. 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. 12. 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.

If known, give the Names of the Ancestor's Children

	Name of Children	Date of Birth	Name of Spouse(s)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

Additional Proofs or Family History

When this application and supplementary data is approved and signed by the CRT Registrar, 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 ORIGINAL APPLICATION

Applicant: _____