

United Daughters of the Confederacy®
CofC to UDC TRANSFER FORM

UDC DIVISION _____ **APPLICANT'S FULL NAME** *(first, middle, maiden, last)* _____

CITY

UDC CHAPTER NAME _____ NUMBER _____

Type or print applicant's name as she wishes it to appear on UDC membership certificate

Single Married Divorced Widowed _____
Full name of husband, if applicable

I, the undersigned, request that my current former CofC membership be transferred as follows:

From _____ Chapter number _____ CofC

Located at (city/state) _____

To _____ Chapter number _____ UDC

Located at (city/state) _____

Full name as it appears on CofC membership application or CofC membership certificate

Date of registration by General CofC of Original Membership application _____

General CofC roll number, if available _____

Member's date of birth _____ Place of birth _____

Name of Confederate ancestor _____

Relationship of Confederate ancestor (e.g., great-grandfather) _____

Ancestor's Service to the Confederacy Military Service Civil Service Material Aid to the Cause

For Military Service _____
Full name of final unit; include company, battery, regiment, Field & Staff, battalion, brigade, ship, etc., as applicable

Artillery Cavalry Infantry Navy Other (specify above) State of _____

Enlistment date _____ at _____ Rank _____

Final date of service _____ OR Last date of service _____

For **Civil Service** or **Material Aid** _____

Permission is granted for others to use information from this transfer application and from my CofC Original Membership application: Yes No

Legal signature of applicant _____

Address (number and street, city, state, and zip code + 4)

E-mail address

() Telephone number

Date

Name of current UDC Division President (*type or print*) _____

Name of current UDC President General (*type or print*) _____

RECEIVING UDC CHAPTER

RECEIVING UDC DIVISION

UDC Chapter name and number

UDC Division name

Chapter roll number

Division roll number

Date transfer accepted by Chapter

Date transfer recorded by Division

Signature of UDC Chapter Registrar

Signature of UDC Division Registrar

General registration date

Signature of UDC Registrar General

FOR BUSINESS OFFICE USE ONLY

UDC Certificate issued _____

Entered in computer _____

Transfer forms must be neat and legible; must have original signatures; must only use black (preferred) or blue ink, whether computer-generated, typed, or hand-printed. It is recommended, but not required, that a photocopy of the CofC Original Membership application be submitted with this transfer form for inclusion in the receiving UDC Chapter's files. Transfers must be received by General within 6 months of the date of signature of member requesting transfer.