

**United Daughters of the Confederacy®**  
ORIGINAL MEMBERSHIP APPLICATION

\_\_\_\_\_  
DIVISION

\_\_\_\_\_  
APPLICANT'S FULL NAME (first, middle, maiden, last)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
CHAPTER NAME

\_\_\_\_\_  
NUMBER

I, the undersigned, respectfully petition to become a member of the United Daughters of the Confederacy and, if accepted, do hereby promise compliance with the Bylaws of this Organization.

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

The Confederate ancestor who adhered to the cause of the Confederate States of America and through whom I apply for membership is my \_\_\_\_\_ (  lineal  collateral ancestor).  
*State relationship, e.g., great-grandfather*

**Name of Confederate ancestor** \_\_\_\_\_

City/county and state of residence \_\_\_\_\_

**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 \_\_\_\_\_  
*Earliest date City/county and state Final rank*

Enter final date or last date of military service:

Final date  killed  died in service  discharged  resigned  released on Oath on or after April 9, 1865

paroled on or after April 9, 1865 Final date \_\_\_\_\_ at \_\_\_\_\_

Last date (enter only if no final date above) of documented service \_\_\_\_\_ at \_\_\_\_\_

**For  Civil Service or  Material Aid to the Cause**

\_\_\_\_\_  
*Full description of service or aid; include at least one date and the state where the service or aid occurred*

Permission is granted for others to use information from this application:  Yes  No

Legal signature of applicant \_\_\_\_\_

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

\_\_\_\_\_  
*E-mail address*

( )

\_\_\_\_\_  
*Telephone number*

We, the undersigned Chapter Officers, have examined this completed application and hereby approve the applicant for membership in the United Daughters of the Confederacy.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Chapter President*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Chapter Registrar*

We, the undersigned members of the receiving Chapter, personally know and do hereby endorse the applicant for membership.

Name \_\_\_\_\_ Name \_\_\_\_\_

For Charter Chapters:  
approved by \_\_\_\_\_

*Signature required*

, President \_\_\_\_\_

Division \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
*APPLICANT'S FULL NAME*  
*(first, middle, maiden, last)*  
Proof \_\_\_\_\_

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**Generation 2** I am the daughter of

Father \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

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**Generation 3** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

Father  Brother \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name)  Spouse (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

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**Generation 4** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

Father  Brother \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name)  Spouse (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

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**Generation 5** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

Father  Brother \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name)  Spouse (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

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**Generation 6** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

Father  Brother \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name)  Spouse (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

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**Generation 7** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

Father  Brother \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name)  Spouse (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

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**Generation 8** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

Father  Brother \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Mother (maiden name)  Spouse (maiden name) \_\_\_\_\_ born \_\_\_\_\_ where \_\_\_\_\_  
died \_\_\_\_\_ where \_\_\_\_\_

Proof \_\_\_\_\_

**Generation 9** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

<input type="checkbox"/> Father _____	<input type="checkbox"/> Brother _____	born _____ died _____	where _____ where _____
<input type="checkbox"/> Mother (maiden name) _____		<input type="checkbox"/> Spouse (maiden name) _____	
		born _____ died _____	where _____ where _____

Proof \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Generation 10** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

<input type="checkbox"/> Father _____	<input type="checkbox"/> Brother _____	born _____ died _____	where _____ where _____
<input type="checkbox"/> Mother (maiden name) _____		<input type="checkbox"/> Spouse (maiden name) _____	
		born _____ died _____	where _____ where _____

Proof \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Generation 11** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

<input type="checkbox"/> Father _____	<input type="checkbox"/> Brother _____	born _____ died _____	where _____ where _____
<input type="checkbox"/> Mother (maiden name) _____		<input type="checkbox"/> Spouse (maiden name) _____	
		born _____ died _____	where _____ where _____

Proof \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Generation 12** The said \_\_\_\_\_ was the  son  brother  daughter  sister of

<input type="checkbox"/> Father _____	<input type="checkbox"/> Brother _____	born _____ died _____	where _____ where _____
<input type="checkbox"/> Mother (maiden name) _____		<input type="checkbox"/> Spouse (maiden name) _____	
		born _____ died _____	where _____ where _____

Proof \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Lineage instructions:** Fill in lineage only up to and including Confederate ancestor and spouse. Use full names, no initials. Use full dates, if possible, and enter as, e.g., 12 Sep 1848. For *died*, if person is living, enter "living" and state where. For *where*, enter town/county and state. Enclose all lineage proofs.

**PROOF OF CONFEDERATE SERVICE**

In the space below list the source of all data that was entered on page 1 for Confederate service (Military Service, Civil Service, or Material Aid to the Cause), and enclose proof. For National Archives records, give microfilm number and roll number if known.

**National Archives and Records Administration**    Microfilm copy \_\_\_\_\_ Roll no. \_\_\_\_\_

**OTHER PERTINENT DATA ON CONFEDERATE ANCESTOR**

In the space below enter information such as other military units in which ancestor served, wounds received, prisoner of war and exchange dates/places, United Confederate Veterans membership, Southern Cross of Honor recipient, pensions of soldier and/or widow, and burial location.

PETITION OF

<b>FOR BUSINESS OFFICE USE ONLY</b>	
Certificate issued	_____
Entered in computer	_____

\_\_\_\_\_  
Applicant's full name

\_\_\_\_\_  
Ancestor's name

\_\_\_\_\_  
Chapter name

\_\_\_\_\_  
Chapter number

\_\_\_\_\_  
Chapter location

\_\_\_\_\_  
Chapter approval date

\_\_\_\_\_  
Chapter roll number

\_\_\_\_\_  
Name of Division President (*type or print*)

\_\_\_\_\_  
Division name

\_\_\_\_\_  
Division approval date

\_\_\_\_\_  
Division roll number

\_\_\_\_\_  
Signature of Division Registrar

\_\_\_\_\_  
Name of President General (*type or print*)

\_\_\_\_\_  
General registration date

\_\_\_\_\_  
Signature of Registrar General

Refer to General Bylaws for eligibility requirements. Refer to *Registrars Manual* for detailed instructions about completion of application.

Applications must be neat and legible; must have original signatures; and must only use black (preferred) or blue ink, whether computer-generated, typed, or hand-printed. Do not alter application in any way or affix anything to it by pasting, taping, stapling, or any other method.

Upon approval by the Registrar General, this Original Membership application becomes the property of the United Daughters of the Confederacy.