Check Sheet for
DRT Applications and Supplementals

Applicant's Name: _____

Registrar's Name: _____ **Chapter** _____

Complete a copy of this sheet for each application by placing a check mark for each item completed. Enclose one copy with the application packet and keep a copy for your files.

APPLICATIONS

_____ Name of Applicant entered as it is to be printed on the certificate.

_____ Application completed on the most recent fillable PDF Form M.02 DRT Application for Membership (download most current from DRT Website). **Applications with a 2023 or earlier revision date (or no revision date) will not be accepted.**

_____ All dates are listed in format **01 Jan 1900** (don't forget put a 0 if single day – 06)

_____ **Proof box** – In the proof boxes, all documents being used as proofs must be listed for each generation. Use abbreviations as documented in Registrar's Manual of Instructions. BC (XXX, YYY); DC (XXX, YYY); MR (XXX to YYY); etc. or for a census use this format *1870 US Census Bexar Co., Texas*. Proof of Service documents are not listed in Generation Proof Box, only documents that give personal information.

_____ **Linking Document** – A linking document is the document that connects one generation to the next. This is usually a BC or DC, but occasionally it might be a will, obituary, census record, or other document. It is possible for a linking document to be listed a second time in generation box.

_____ All information on the application should be **EXACTLY** as it is listed on the proof document. If using an approved application for a Reference Copy, information on application must be typed exactly as it was on approved application with any Registrar General corrections.

PROOFS

_____ Form and proofs are printed one-sided.

_____ All proof pages should be on legal size paper (8½" x 14") and have a 1" margin on the left side. This is for binding.

_____ All pertinent names, dates, locations, and other facts are to be underlined in red on the proofs. The underline portions should match the application facts (birth, date, marriage, etc.).

_____ Each document should be legible enough to read. If not legible or handwritten, a transcription should be attached. Any documents in a language **other than English**, must have a translation provided with pertinent names or dates underlined or printed in red.

_____ Each proof (BCs, MCs, DCs, tombstone photos, etc.) is scanned using picture format (.jpg, .tif, etc.) and inserted onto the proof page usually in Word. Some proofs can be downloaded from FamilySearch website and do not need to be scanned. Each proof page must have an identification/designation in the bottom right-hand corner with the following information.

Generation ____
Applicant's Name: _____
Ancestor's Name: _____
(if applicable) Linking Gen__ to Gen__

This is especially important when more than one application is being submitted at a time.

_____ **Census** photocopies should be of the entire page with identifying information showing at the top. Often the writing on the document is too small to read, so below census photocopy the census year

and county should be typed in this format: 1870 *US Census Bexar Co., Texas*. Enlargements of pertinent parts should be attached on a second page or retyped below if the original is too small to read. Also, both should be underlined or printed in red on both. (See attached for example.)

_____ **Tombstone Photos**. Along with the tombstone photo should be information that identifies the name and location of the cemetery along with a transcription of all information written on the tombstone. This should be included no matter how clear the picture is. If downloading from *Find-a-Grave,* only the photo of the tombstone and the location can be used. Give credit to *Find-a-Grave* for photos downloaded from the website and provide the Memorial # if possible. If this is only proof of death, on application by date of death put "buried" as tombstone is NOT proof of where they died.

_____ For mistakes in documentation, attach a note explaining mistake, for example, "Different date on tombstone and death certificate."

_____ When using a **Reference Copy**, **linking documents** from the Reference Copy do not have to be included with the application if the Reference Copy identifies the linking document in the proof box. If unsure whether to include linking documents, ask the Registrar General. Applications approved before June 1, 2000, may not be used as Reference Copies. Applications approved after that date but before June 1, 2020, will be permitted on a case-by-case basis if proofs meet current standards.

_____ For multiple applications and supplementals submitted at the same time, only one set of proofs is required. Indicate the first application to be reviewed. In the proof boxes on all other applications in which the common proofs are used, type the words "See DRT Application #_____ (Sally Smith, mother) for BC(XXX, YYY); MC(XXX to YYY); etc." Registrar General will fill in the blank with the appropriate DRT number after it is assigned to the first person.

_____ All proofs should be in order by generation and secured with paperclip or sticky note.

_____ A copy of the application form and proofs should be kept at the Chapter level. Always retain a complete copy of the application and proofs. *Never* send the only copy.

SUBMITTING

_____ Ensure that all pages have been proofed by the Applicant and the Chapter Registrar.

_____ Include **one** copy of the application form on DRT paper

_____ Include **one** set of proofs on quality 8½" x 14" paper (legal-sized)

_____ Include one copy of **all Reference Copies** (e.g., grandmother's approved DRT application or sister's approved DRT application) and **one copy of each linking document**, if required.

_____ Do not use staples on application or proofs.

_____ Enclose a check payable to Daughters of the Republic of Texas or DRT in amount required.

New Member Application (fees + first year's dues)	$120 ($70 + $50)
Supplemental Application fee	$ 50
Posthumous Application Fee	$150
CRT to DRT Transfer	$ 50 (first year's dues)

_____ Include a copy of this Check Sheet.

Mail to: **Marilyn B. Wade**
DRT Registrar General
903 Old Alleyton Rd
Alleyton, TX 78935-2144

Remember, it is your job as chapter registrar to make sure all supporting documents are included. We should never have to look up a document. If you need help obtaining a reference application (i.e. grandmother's application) contact me at Registrar@drtinfo.org or DRT Headquarters at headquarters@drtinfo.org, and we will be glad to help.

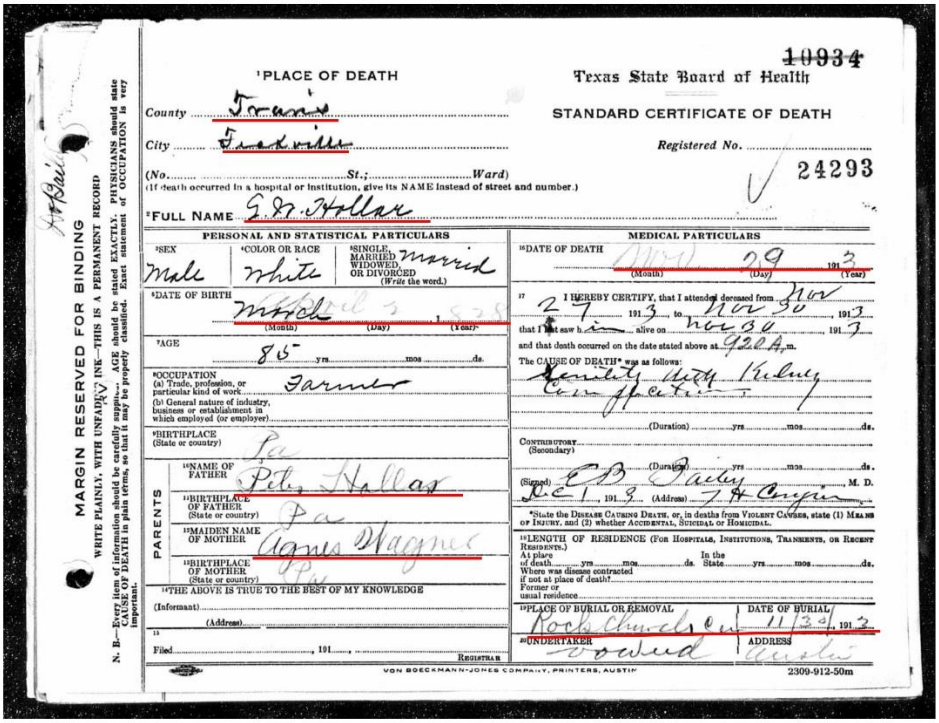
Example of a DC/BC Proof

Legal-sized Paper - 8½” x 14”

1” left margin

Gen6

Gen7



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

~~10934~~

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 24293

1 PLACE OF DEATH
County Travis
City Fiskville
(No. .... St.; .... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME E. W. Hollar

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married
6 DATE OF BIRTH March April 2, 1828 (Month) (Day) (Year)
7 AGE 85 yrs. .... mos. .... ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer) ....
9 BIRTHPLACE (State or country) Pa

PARENTS
10 NAME OF FATHER Pete Hollar
11 BIRTHPLACE OF FATHER (State or country) Pa
12 MAIDEN NAME OF MOTHER Agnes Wagner
13 BIRTHPLACE OF MOTHER (State or country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ....
(Address) ....
15
Filed ...., 191...., ... REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH Nov 29, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 27 1913, to Nov 30, 1913
that I last saw him alive on Nov 30, 1913
and that death occurred on the date stated above at 9:20 A.m.
The CAUSE OF DEATH* was as follows:
Senility with Kidney Complication
.... (Duration) .... yrs .... mos .... ds.
CONTRIBUTORY (Secondary) ....
.... (Duration) .... yrs .... mos .... ds.
(Signed) C. B. Dailey, M. D.
Dec 1, 1913 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)
At place of death .... yrs .... mos .... ds. In the State .... yrs .... mos .... ds.
Where was disease contracted if not at place of death? ....
Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL Rock Church Co
DATE OF BURIAL 11/30, 1913
20 UNDERTAKER Woodward
ADDRESS Austin

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

2309-912-50m

Name: E. W. Hollar (Eli Waggoner Hollar)
DOB: April 2, 1828 in PA
DOD: Nov 29, 1913
POD: Fiskville, Travis Co, Texas
Buried: Rock Church Cemetery (now Walnut Creek Baptist Church Cemetery), Travis Co, TX
Father: Peter Hollar born in PA
Mother: Agnes Wagner (Waggoner) born in PA

Underline in red important facts above.

Transcribe the important facts from above.

On more recent death certificates, the Social Security Number is on the certificate. This number should be redacted or blacked out.

If this proof is not a linking document, for example a marriage record, the linking information (Linking Gen6 to Gen7) in the footer would not be used.

Generation 6
Applicant: MARY JANE SMITH
Ancestor: MARY “POLLY” MEDLIN
Linking Gen 6 to Gen 7

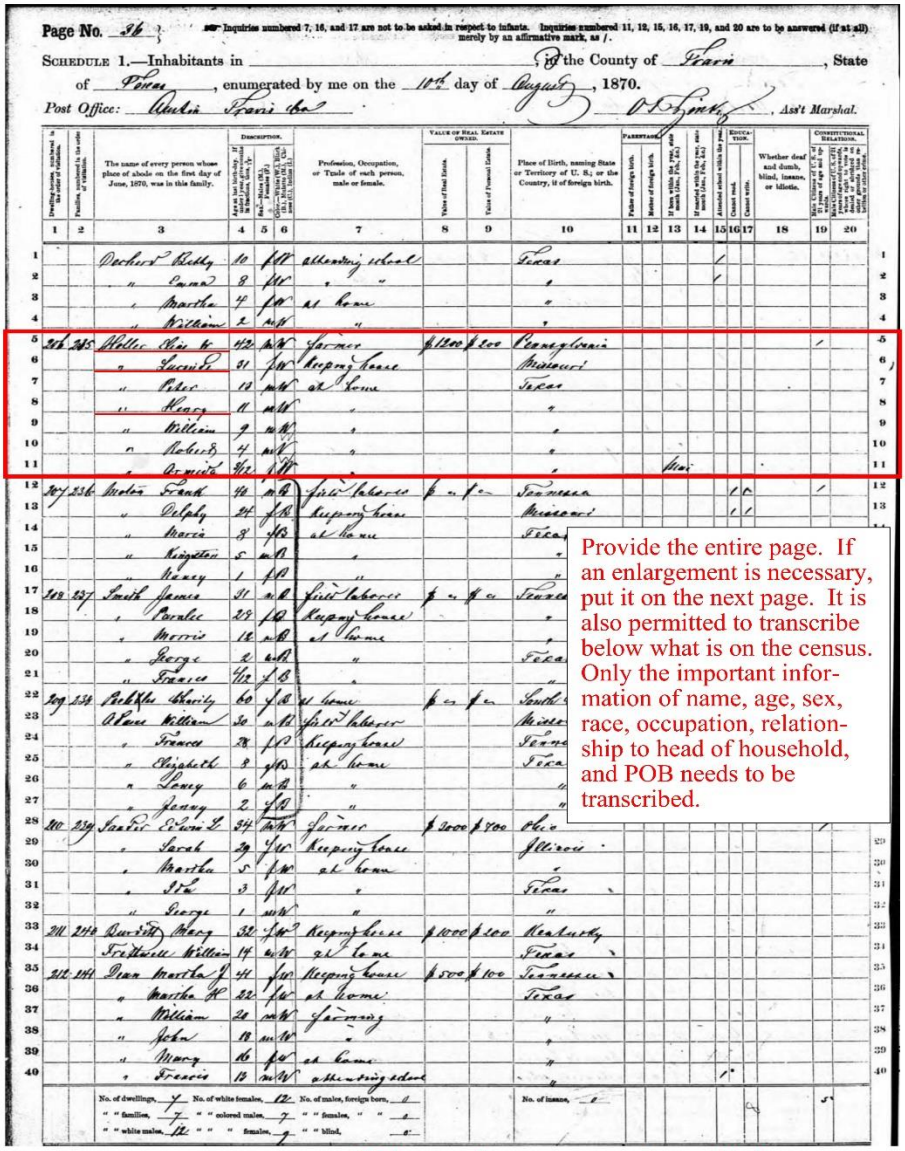
Example of a Census Proof

Legal-sized Paper - 8½" x 14"

1" left margin

Gen6

Gen5



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Schedule 1.—Inhabitants in _____ in the County of Travis, State of Texas, enumerated by me on the 10th day of August, 1870.

Post Office: Austin Travis Co

O. F. Smith, Ass't Marshal.

Provide the entire page. If an enlargement is necessary, put it on the next page. It is also permitted to transcribe below what is on the census. Only the important information of name, age, sex, race, occupation, relationship to head of household, and POB needs to be transcribed.

1870 US Census Lampasas Co, TX

Make sure the census name is provided.

Name	Age	Sex	Race	Occupation	Where Born
Hollar, Elias W	42	M	W	Farming	Pennsylvania
" , Lucinda (Lucetta)	31	F	W	Keeping House	Missouri
" , Peter (Alven P)	12	M	W	At Home	Texas
" , Henry (Albert H)	12	M	W	"	"
" , William	9	M	W	"	"
" , Robert	4	M	W	"	"
" , Arminta	3/12	F	W	"	"

Peter and Henry were reported as Alven P. and Albert H. and as twins (age 2) in the 1860 US Census Lampasas Co, TX (Generation 5). Lucetta was incorrectly reported as Lucinda in this census.

It is permitted to have any incorrect information pointed out.

This is not a linking document, so that information is not needed below.

Generation 6

Applicant: MARY JANE SMITH

Ancestor: MARY "POLLY" MEDLIN