

☐ 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 _____

First, Middle, and Last Names of Husband

Residence _____

Street or P.O. Box _____

City _____

State _____ Zip Code _____

☐ Mobile ☐ Home Phone _____

Email Address _____

THE APPLICANT

I, _____, (full **maiden** name) hereby apply for membership in the Daughters of the Republic of Texas by right of lineal (bloodline) descent from _____

Ancestor's Name

who served the Republic of Texas in the capacity of _____.

PROOF OF ANCESTOR'S SERVICE – List the **one** primary source document, provided herein, that proves your ancestor's service prior to 19 February 1846. (Additional proofs may be listed in Family History on page 4.)

The Applicant above states that all information herein set forth and all lineage documentation submitted with this application are true to the best of her knowledge and belief.

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's or Chapter Registrar's Contact Information

Name _____

Mailing Address _____

City, State Zip _____

Telephone _____

Email Address _____

ENDORSEMENT – Endorsed by the two undersigned DRT members (for new, posthumous, and transfers only):

Signature _____ DRT No. _____

Signature _____ DRT No. _____

Chapter _____

Chapter _____

STATE RECORD

Dates 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 MAL or Chapter Registrar _____

_____ # _____ **Document that links Gen 5 to Gen 6**

GEN 6. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 And his _____ wife _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 Married _____ at _____

_____ # _____ **Document that links Gen 6 to Gen 7**

GEN 7. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 And his _____ wife _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 Married _____ at _____

_____ # _____ **Document that links Gen 7 to Gen 8**

GEN 8. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 And his _____ wife _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 Married _____ at _____

_____ # _____ **Document that links Gen 8 to Gen 9**

GEN 9. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 And his _____ wife _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 Married _____ at _____

_____ # _____ **Document that links Gen 9 to Gen 10**

Form M.02 DRT Application for Membership (rev06.2025)

Proofs:

_____ # _____ **Document that links Gen 10 to Gen 11**

GEN 11. The said _____
 Was the child of _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 And his _____ wife _____
 Born _____ at _____
 Died _____ at _____ ☐ died ☐ buried ☐ resided
 Married _____ at _____

Proofs:

Children of Ancestor (if known)

	Name	Date of Birth	Spouse
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
0.			
1.			
2.			

Additional Proofs or Family History

Continue on legal-size page if necessary

When this application and supplementary data is approved and signed by the DRT Registrar General, it becomes the property of the Daughters of the Republic of Texas.

Check one each: ☐ Yes ☐ No Release copies of papers.

Check one each: ☐ Yes ☐ No Release copies of proofs

DO NOT FOLD APPLICATION

Applicant: _____