

☐ 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

THE APPLICANT

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

Sponsoring DRT Chapter

City

District

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

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
of

GEN. 1. I was born _____ at _____

Proofs:

_____ # _____ Document that links Gen 1 to Gen 2

GEN. 2. I am the child by bloodline of

Father

Born _____ at _____

Died _____ at _____

Mother

Born _____ at _____

Died _____ at _____

Married _____ at _____

Proofs:

_____ # _____ Document that links Gen 2 to Gen 3

GEN. 3. The said _____

Was the child of _____

Born _____ at _____

Died _____ at _____

And his _____ wife _____

Born _____ at _____

Died _____ at _____

Married _____ at _____

Proofs:

_____ # _____ Document that links Gen 3 to Gen 4

GEN. 4. The said _____

Was the child of _____

Born _____ at _____

Died _____ at _____

And his _____ wife _____

Born _____ at _____

Died _____ at _____

Married _____ at _____

Proofs:

_____ # _____ Document that links Gen 4 to Gen 5

GEN. 5. 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:

_____ # _____ Document that links Gen 5 to Gen 6

Applicant: _____

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 _____

Proofs:

_____ # _____ **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 _____

Proofs:

_____ # _____ **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 _____

Proofs:

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

GEN. 10.	The said _____				
Was the child of _____					
Born	_____	at	_____		
Died	_____	at	_____	<input type="checkbox"/> died	<input type="checkbox"/> buried
And his _____ wife _____					
Born	_____	at	_____		
Died	_____	at	_____	<input type="checkbox"/> died	<input type="checkbox"/> buried
Married	_____	at	_____		
Proofs: _____ # _____ Document that links Gen 10 to Gen 11					

Applicant:

_____ # _____ **Document that links Gen 11 to Gen 12**

GEN. 12. 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 _____

_____#_____

Name of Children	Date of Birth	Name of Spouse(s)

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

[illegible]

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

Check one each: ☐ Yes ☐ No Release copies of proofs to prospective members.

Applicant: