

United Daughters of the Confederacy®
SUPPLEMENTAL MEMBERSHIP APPLICATION

North Carolina

DIVISION

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

Winston-Salem

CITY

Date of Original Membership registration

James B. Gordon

CHAPTER NAME

211

NUMBER

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

Single Married Divorced Widowed

Full name of husband, if applicable

The Confederate ancestor who adhered to the cause of the Confederate States of America and through whom I file a Supplemental Membership application 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

Earliest date

at

City/county and state

Rank

Final rank

Enter final date or last date of military service:

Final date killed died in service discharged retired 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 Supplemental Membership 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 Supplemental Membership application and hereby approve same for registration in the United Daughters of the Confederacy.

Date

Signature of Chapter President

Date

Signature of Chapter Registrar

_____ born _____ where _____
Maiden name

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ married _____ where _____
Proof _____

Generation 2 I am the daughter of

_____ born _____ where _____
_____ died _____ where _____
Father

_____ born _____ where _____
_____ died _____ where _____
Mother (maiden name)

_____ married _____ where _____
Proof _____

Generation 3 The said _____ was the son brother daughter sister of

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ born _____ where _____
_____ died _____ where _____
Wife (maiden name)

_____ married _____ where _____
Proof _____

Generation 4 The said _____ was the son brother daughter sister of

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ born _____ where _____
_____ died _____ where _____
Wife (maiden name)

_____ married _____ where _____
Proof _____

Generation 5 The said _____ was the son brother daughter sister of

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ born _____ where _____
_____ died _____ where _____
Wife (maiden name)

_____ married _____ where _____
Proof _____

Generation 6 The said _____ was the son brother daughter sister of

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ born _____ where _____
_____ died _____ where _____
Wife (maiden name)

_____ married _____ where _____
Proof _____

Generation 7 The said _____ was the son brother daughter sister of

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ born _____ where _____
_____ died _____ where _____
Wife (maiden name)

_____ married _____ where _____
Proof _____

Generation 8 The said _____ was the son brother daughter sister of

_____ born _____ where _____
_____ died _____ where _____
Husband

_____ born _____ where _____
_____ died _____ where _____
Wife (maiden name)

_____ married _____ where _____
Proof _____

Generation 9 The said _____ was the son brother daughter sister of

_____	born _____	where _____
Husband	died _____	where _____
_____	born _____	where _____
Wife (maiden name)	died _____	where _____
Proof _____	married _____	where _____

Generation 10 The said _____ was the son brother daughter sister of

_____	born _____	where _____
Husband	died _____	where _____
_____	born _____	where _____
Wife (maiden name)	died _____	where _____
Proof _____	married _____	where _____

Generation 11 The said _____ was the son brother daughter sister of

_____	born _____	where _____
Husband	died _____	where _____
_____	born _____	where _____
Wife (maiden name)	died _____	where _____
Proof _____	married _____	where _____

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. For applicant's husband, birth/death proof is requested but not required. 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

FOR BUSINESS OFFICE USE ONLY	
Certificate issued	_____
Entered in computer	_____

Applicant's full name

Husband's full name

<u>Asheville</u>	<u>104</u>
Chapter name	Chapter number

Asheville
Chapter location

_____	_____
Chapter approval date	Chapter roll number

Mrs. Emily C Champion
Name of Division President (*type or print*)

North Carolina
Division name

_____	_____
Division approval date	Division roll number

Signature of Division Registrar

Mrs. Jane G. Durden
Name of President General (*type or print*)

General registration date

Signature of Assistant Registrar of 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 Assistant Registrar of General, this Supplemental Membership application becomes the property of the United Daughters of the Confederacy.