



St. Louis Genealogical Society
First Families of St. Louis
Application

Check category for which you are applying:
 Founding Families (1765–1804)
 Pioneer Families (1805–1821)
 Immigrant Families (1822–1865)

Date _____

StLGS Membership Number _____

Applicant Name _____

(First) (Middle and/or Maiden) (Last)

Spouse _____ Phone No. _____

(First) (Middle and/or Maiden) (Last)

Address _____ E-mail _____

Number Street City State Zip Code

Print or type ancestor's name exactly as you wish it to appear on your **First Families of St. Louis** Certificate

Founding Ancestor _____

Proof of Lineage

EACH statement of birth, marriage, and death linking the generations between the applicant and the First Families of St. Louis ancestor must be proven by documentation.

- Include one photocopy of each record. **DO NOT SEND ORIGINAL RECORDS!**
- Underline or draw an arrow to area of record that proves relationship, date, or location. **PLEASE, DO NOT HIGHLIGHT!**
- All documents must include source information (name and location of repository, date record was copied, certificate number, microfilm number, etc.) Published works should be cited by title, author, date of publication, volume, and page.

If a family member has been accepted into **First Families of St. Louis**, it is **NOT** necessary to duplicate his/her documentation. However, it is necessary to prove a direct-line relationship between the applicant and that person.

Example: Proof of relationship: Birth certificate, St. Louis, MO, 1950 (copy enclosed)

(Please print legibly in black ink.)

Applicant

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Parent: Full Name _____ (Spouse _____)

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Grandparent: Full Name _____ (Spouse _____)

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Great-Grandparent: Full Name _____ (Spouse _____)

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Great-Great-Grandparent: Full Name _____ (Spouse _____)

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Third-Great-Grandparent: Full Name _____ **(Spouse** _____ **)**

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Fourth-Great-Grandparent: Full Name _____ **(Spouse** _____ **)**

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Fifth-Great-Grandparent: Full Name _____ **(Spouse** _____ **)**

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

Applicant's Sixth-Great-Grandparent: Full Name _____ **(Spouse** _____ **)**

Birth: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Marriage: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Death: Date _____ Place _____ Document _____
(Day, Month, Year) (City, County, State/Country) (Proves Date/Place)

Proof of Relationship: (List which of the certificates or records submitted shows the relationship to the previous generation from which descendency is derived): _____

(If you need more than nine generations, please copy Page Three and continue on another sheet.)

Eligibility Clause

For the earliest generations, in which birth/death records may not have existed, proof of baptism, marriage, land records, wills, or similar documentation may be substituted where such record proves the ancestor to qualify as a St. Louis First Family.

Applicant states that the said _____
(Name of ancestor from whom eligibility is derived)

is the ancestor mentioned in the foregoing application, that he/she was a resident of St. Louis City or County, and that the statements herein set forth are true to the best of his/her knowledge and belief.

Applicant gives permission to St. Louis Genealogical Society to publish (website, CD, book) or microfilm data provided in this application on any deceased person. (NOTE: Data on living people will not be published.) Yes No

Signature of Applicant _____

Date _____

Please return

1. Completed application
2. Non-refundable application fee of \$30.00
3. OR Additional application fee of \$15.00
4. Photocopies of documentation
5. Membership dues to StLGS, if needed

to:

First Families of St. Louis
St. Louis Genealogical Society, P.O. Box 432010, St. Louis, MO 63143-2035

For Office Use Only

Date application received _____ Opened by _____

Application and fees received by Society treasurer _____
(Treasurer's Signature)

Application verified and approved by First Families Committee _____
(Committee Chair's Signature)

(Committee Member)

(Committee Member)

(Committee Member)

Application accepted by First Families Committee

Date _____

Member Number Assigned _____

Signature of President _____

Application NOT accepted by First Families Committee

Date _____

Reason(s) for denial _____

Entered in Office Database: Date _____ By _____

Lineage recorded: Date _____ By _____