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)
- ☐ Enslaved Families (through 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 <u>proven by documentation</u>.

- 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. **Please identify each source document by generation number.**

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.

(Please print legibly in black ink.)

Generation 1: 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 descendancy is derived): _____

*If you need assistance filling out this form, please call StLGS at 314-647-8547 or email **firstfamilies@stlgs.org**.*

2. 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 descendancy is derived): _____

3. 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 descendancy is derived): _____

4. 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 descendancy is derived): _____

5. 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 descendancy is derived): _____

6. 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 descendancy is derived): _____

7. 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 descendancy is derived): _____

8. 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 descendancy is derived): _____

9. 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 descendancy 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 names of any deceased person and the name of the applicant provided in this application. (*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 with source citation included
5. Membership dues to StLGS, if needed

to:
First Families of St. Louis
St. Louis Genealogical Society, 4 Sunnen Dr., Suite 140, St. Louis, MO 63143

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_____

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