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. 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__________________________________

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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