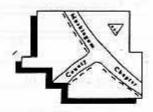


Applicant's Name

Full Name of Husband or Wife

Pioneer Families of Muskingum County



County

State

Zip Code

Application

INSTRUCTIONS:

Fill in blocks a,b,c,f on this page. Type or hand print in black all information. A one time fee of \$15.00 must accompany the application for First Families or Pioneer Families. Proceed to page 2.

Street Address

Town

| NAME OF ANCESTOR(S) O WERE SETTLED MUSKINGUM COUNTY BEFOR | RE 1850 | Year First Prove Muskingum Co | | Twp. First Proved In Muskingum County | State or County Ancest Came From |
|--|-------------------------|----------------------------------|---|--|-------------------------------------|
| | | | f | | |
| MCGS USE ONLY Proved Ancestors: | MCGS Dues Paid For Year | | FILLED IN BY APPLICANT Name | | |
| | | | | | |
| | _ | MCGS Verification | Received Acceptance Date Fee Received | | |
| APPROVED BY: Pioneer Families MCGS Chairperson _ MCGS Trustee Chairperson _ MCGS President _ | | | | Date | |

| 1. I | | Was born | on | |
|----------------------|------|----------|-------------------|-----------------|
| At | | | | |
| 2. I am the child of | | Ce | ounty | State |
| Born on | at | | | |
| | | City | County | State |
| Died on | at | City | County | State |
| | | Cuy | His wife | Siaie |
| Born on | at | | • | |
| D: 1 | | City | County | State |
| Died on | at | City | County | State |
| Married | at | | | |
| The Coid | | City | County Was the | State |
| The Said | | | Was the | Son or Daughter |
| of | | | | - |
| Born on | at | City | County | State |
| Died on | at | City | County | State |
| | | City | County | State |
| Born on | o.t. | F | lis Wife | |
| Born on | at | City | County | State |
| Died on | at | | | |
| Married on | at | City | County | State |
| - | | City | County | State |
| 4. The Said | | | Was the | Son or Daughter |
| of | | | L | on or Buigner |
| Born on | at | | | |
| Died on | at | City | County | State |
| Died on | at | City | County | State |
| | | H | lis Wife | |
| Born on | at | City | County | State |
| Died on | at | • | · | Sittle |
| Marriadan | -4 | City | County | State |
| Married on | at | City | County | State |
| The Said | | | Was the | Son or Daughter |
| of | | | S | Son or Daughter |
| Born on | - 4 | | | |
| D: 1 | | City | County | State |
| Died on | at | City | County | State |
| | | | lis Wife | |
| Born on | at | - | | G. |
| Died on | at | City | County | State |
| | | City | County | State |
| Married on | at | City | County | State |
| | | July . | Commy | Simil |

| 6. | The Said | | | Was the | | |
|------------|----------|------|-------|---|-----------------|--|
| of | | | | | Son or Daughter | |
| Born on | | at | | | | |
| • | | | City | County | State | |
| Died on | | at | City | County | State | |
| | | | His | Wife | | |
| Born on | | at | City | County | State | |
| Died on | | at | · | · | | |
| Married or | n | at | City | County | State | |
| | | | City | County | State | |
| 7. | The Said | | | Was the | Son or Daughter | |
| of | | | | | Son or Daughter | |
| Born on | | | | | | |
| Died on | | | City | County | State | |
| Dica on | | at | City | County | State | |
| Born on | | at | H1s | Wife | | |
| • | | | City | County | State | |
| Died on | | at | City | County | State | |
| Married or | n | at | | · | | |
| | | | City | County | State | |
| 8. | The Said | | | Was the | G D Ivon | |
| of | | | | | Son or Daughter | |
| Born on | | at | | _ | _ | |
| Died on | | at | City | County | State | |
| | | | City | County | State | |
| Born on | | at | His | Wife | | |
| • | | | City | County | State | |
| Died on | | at | City | County | State | |
| Married o | n | at | City | • | | |
| | | | · | County | State | |
| | | | |) ANCESTOR opt | | |
| | | Name | Birth | Death | Name of Spouse | |
| | - | | | + - | | |
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Give volume and page for book reference and include a copy machine, photo, or other facsimile copy of the pertinent pages, and of all published or unpublished records used for proof. Typed hand printed, or written copies of documents, not certified as "True Copies", are not acceptable as proof. Published or manuscript material authored by the applicant or his family will not of themselves be accepted as proof.

| A blank sheet may be attached for additional proper citations |
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| Authorities as to settlement in Muskingum County prior to 1850 upon whom eligibility is claimed: |
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| |
| do hereby swear that the statements set forth in this cation are true to the best of my knowledge and belief. |
| ture of Applicant Date |
| |