

APPLICATION TYPE:

☐ MEMORIAL MEMBERSHIP

☒ REGULAR MEMBERSHIP

☐ JUNIOR MEMBERSHIP

☐ SUPPLEMENTAL



National number:

State number:

Chapter, the Virginia State Society

NATIONAL SOCIETY

SONS OF THE AMERICAN REVOLUTION

I hereby apply for membership in this Society by the right of bloodline descent from:
Gen. # who assisted in establishing American Independence while acting in the capacity of:

NAME OF APPLICANT

(First)

(Middle)

(Last)

Age:

Address:

Phone:

Email:

Name as you wish it to appear on SAR Certificate: Robert Aubrey Webb

STATEMENT OF BLOODLINE TO PATRIOT ANCESTOR

(Give all names, dates, and places known. Show dates as day, month, and year e.g. 01 Jan 1900)

	DATE	CITY/COUNTY	STATE
1. I am	born		
and my wife	born		
NSDAR#	died		
(If Remarried)	married		
my wife	born		
NSDAR#	died		
	married		
2. I am the son of	born		
NSSAR#	died		
and his wife	born		
NSDAR#	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
3. Grandson of	born		
NSSAR#	died		
and his wife	born		
NSDAR#	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
4. Great-Grandson of	born		
NSSAR#	died		
and his wife	born		
NSDAR#	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
5. Great ² Grandson of	born		
NSSAR#	died		
and his wife	born		
NSDAR#	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
6. Great ³ Grandson of	born		
NSSAR#	died		
and his wife	born		
NSDAR#	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
7. Great ⁴ Grandson of	born		
	died		
and his wife	born		
	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
8. Great ⁵ Grandson of	born		
	died		
and his wife	born		
	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
9. Great ⁶ Grandson of	born		
	died		
and his wife	born		
	died		
Who is the son <input type="checkbox"/> /daughter <input type="checkbox"/> of	married		
10. Great ⁷ Grandson of	born		
	died		
and his wife	born		
	died		

Who is the son ☐ /daughter ☐ of _____ married _____

REVOLUTIONARY WAR ANCESTOR—Gen. _____
BURIED in the _____ Cemetery at _____
REFERENCES: Proof is needed only for individuals in the bloodline. Furnish a copy of each piece of evidence such as: birth certificate; marriage, baptismal, or cemetery record with parents’ names; census 1850 or later; explicit Bible record; court document; title page and pertinent pages of annotated publications; DAR *record copy*.

My Gen. (Birth Certificate or equal showing parents)

2nd Gen. _____

3rd Gen. _____

4th Gen. _____

5th Gen. _____

6th Gen. _____

7th Gen. _____

8th Gen. _____

9th Gen. _____

10th Gen. _____

11th Gen. _____

12th Gen. _____

REFERENCES to Ancestor’s Revolutionary War Service _____

I, _____, certify that I meet the eligibility requirements of Article III of the Constitution of the National Society of the Sons of the American Revolution, namely that an applicant must be a male, a citizen of good repute in the community, does not advocate the overthrow of the Government of the United States by use of force or violence, and is the lineal descendant of an ancestor who was at all times unflinching in loyalty to, and rendered active service in the cause of American Independence. I further assert that I have examined this completed application and the documentation submitted to prove the facts and statements herein, and to the best of my knowledge and belief, the facts and statements herein are true and correct. I request that the Society act upon my representations and grant me membership.

Signature of Applicant: _____ Date: _____

RECOMMENDED BY THE UNDERSIGNED MEMBERS

Sponsor	Co-Sponsor
Name: _____	Name: _____
Address: _____	

Signed: _____	Signed: _____
NSSAR#: _____	NSSAR#: _____
Date: _____	Date: _____

STATE SOCIETY CERTIFICATION

State Registrar: _____	Date Approved: _____
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State Secretary: _____	Date Approved: _____
Accepted by the State Board of Management (optional): _____	Date Accepted: _____
Sent to National Headquarters: _____	Date: _____

NATIONAL SOCIETY CERTIFICATION

Received at National Headquarters: _____	Date: _____
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Genealogist General: _____	By: _____	Approved: _____
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Registrar General: _____	Registered on: _____
	Deceased on: _____