

# First Families of Carroll County, IN

## A Family Ancestry Program of Carroll County, Indiana

### Applicant's Personal Information

Name (including maiden name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Applicant's Date/Place of Marriage \_\_\_\_\_

Spouse Name \_\_\_\_\_ Marital Status \_\_\_\_\_

I am a descendant of Carroll County ancestor(s): \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

### Applicant's Ancestor residing in Carroll County between December 31, 1824 and August 1, 1855

Ancestor's name and spouse if qualified \_\_\_\_\_

Ancestor(s) came to Carroll County from \_\_\_\_\_

Location where ancestor settled \_\_\_\_\_

List any patriotic or civil service of ancestor(s) \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

### Children of Applicant's Ancestor(s)

Names

Date of Birth

Spouse

<u>Names</u>	<u>Date of Birth</u>	<u>Spouse</u>

*If more than five children, please attach a separate page.*

### 3. Applicant's Parents—Ancestry line traces through my \_\_\_ father \_\_\_ mother

Father's Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

Mother's Name (include maiden name) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

### 4. Applicant's Grandparents—Ancestry line traces through my \_\_\_ grandfather \_\_\_ grandmother

Grandfather's Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

Grandmother's Name (include maiden name) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

**5. Applicant's G-Grandparents—Ancestry line traces through my \_\_\_ G-grandfather \_\_\_ G-grandmother**

G-Grandfather's Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

G-Grandmother's Name (include maiden name) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

**6. Applicant's 2G-Grandparents-Ancestry line traces through my \_\_\_ 2G-grandfather \_\_\_ 2G-grandmother**

2G-Grandfather's Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

2G-Grandmother's Name (include maiden name) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

**7. Applicant's 3G-Grandparents-Ancestry line traces through my \_\_\_ 3G-grandfather \_\_\_ 3G-grandmother**

3G-Grandfather's Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

3G-Grandmother's Name (include maiden name) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

**8. Applicant's 4G-Grandparents-Ancestry line traces through my \_\_\_ 4G-grandfather \_\_\_ 4G-grandmother**

4G-Grandfather's Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

4G-Grandmother's Name (include maiden name) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death/Burial \_\_\_\_\_

Proof documents for this generation are: \_\_\_\_\_

**Return Application to: Carroll County Historical Museum**

**P.O. Box 277, Delphi, Indiana 46923**

**Phone: 765-564-3152**

I hereby give permission to the CCHS and Museum to use the material submitted for membership in the First Families Family Ancestry Program of Carroll County, Indiana in any way they choose. It will be added to their collection and may be published later. This application, information and all the supporting documents become the property of the CCHS and Museum. I do hereby swear that the statements set forth in this application are true to the best of my knowledge.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_