

**CHECKLIST FOR CHAPTER AND DIVISION REGISTRARS
ORIGINAL AND SUPPLEMENTAL APPLICATIONS**

Applicant's name _____
Chapter name, number, and Division _____

Page 1

- _____ 1. Division and City in which Chapter is chartered (as listed in *Annual General Minutes*)
- _____ 2. Chapter name and number (as listed in *Annual General Minutes*)
- _____ 3. Applicant's first, middle, maiden, and last names
- _____ 4. Box marked for marital status; name as it is to appear on certificate (no nicknames)
- _____ 5. Husband's name in full, if applicable
- _____ 6. Complete address of applicant, including zip code and telephone number
- _____ 7. Correct relationship to ancestor stated; lineal or collateral box checked.
- _____ 8. Name of Confederate ancestor (as shown on enclosed proof)
- _____ 9. Ancestor's place of residence
- _____ 10. Box marked for type of Confederate service (Military, Civil, Material Aid)
- _____ 11. Blanks completed for Confederate ancestor's service record (as shown on enclosed proof)
- _____ 12. Box marked for permission for others to use/ not use information on application
- _____ 13. Legal signature of applicant
- _____ 14. Signatures of Chapter President and Chapter Registrars; dates must match approval date on page 4
- _____ 15. Signatures of 2 endorsers; OR, if Charter Chapter, signature of Division President and name of Division

Page 2

- _____ 1. Proofs of lineage enclosed including proof of applicant's birth and marriage (husband's birth certificate is not required)
- _____ 2. Lineage completed for each generation up to and including Confederate ancestor and spouse ONLY;
all necessary boxes marked.
- _____ 3. Relationship and proof for each generation; proof to link generations
- _____ 4. Dates and places as complete as possible; if living, indicate where living

Page 3

- _____ 1. Sources of proof of Confederate service listed and proofs enclosed.
- _____ 2. Other pertinent data on service record as appropriate

Page 4

- _____ 1. Names of current President General and Division President printed or typed
- _____ 2. Full name of applicant (first, middle, maiden, last)
- _____ 3. Husband's full name, if applicable
- _____ 4. Chapter name, number, and location
- _____ 5. Date approved by Chapter and Chapter roll number, if applicable
- _____ 6. Division name
- _____ 7. Date approved by Division (must be just prior to mailing to General) and Division roll number, if applicable
- _____ 8. Signature of Division Registrar

Chapter Registrar

Division Registrar

Date

Date

Checklist is printed in *UDC Magazine*. Photocopies of this form may be made. This form is not mandatory, but it is highly recommended.