

APPLICATION TYPE:
LIFE MEMBERSHIP

National Number

SUPPLEMENTAL



ORDER OF THE FIRST WORLD WAR

I hereby apply for membership in this Order by the right of descent from:

_____ Gen.# _____

who assisted in the First World War while acting in the capacity of:

NAME OF APPLICANT _____ Age _____

(First) (Middle) (Last)

Street, R.D. or P.O. Box _____

City _____ State _____ Zip Code _____ Phone _____

E-Mail Address _____

Please list children:

<u>Child Name</u>	<u>Spouse#</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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 _____	born	_____	_____
	died	_____	_____
I am the child of _____	married	_____	_____
2. _____	born	_____	_____
and _____	died	_____	_____
	born	_____	_____
	died	_____	_____
Who is the _____ of _____	married	_____	_____
3. _____	born	_____	_____
and _____	died	_____	_____
	born	_____	_____
	died	_____	_____
Who is the _____ of _____	married	_____	_____
4. _____	born	_____	_____
and _____	died	_____	_____
	born	_____	_____
	died	_____	_____
Who is the _____ of _____	married	_____	_____
5. _____	born	_____	_____
and _____	died	_____	_____
	born	_____	_____
	died	_____	_____
Who is the _____ of _____	married	_____	_____
6. _____	born	_____	_____
and _____	died	_____	_____
	born	_____	_____
	died	_____	_____
Who is the _____ of _____	married	_____	_____

