



PRELIMINARY APPLICATION

Date: \_\_\_\_\_

Full name of Applicant \_\_\_\_\_

Profession or occupation \_\_\_\_\_

Business connection: (title) \_\_\_\_\_

(Firm name) \_\_\_\_\_

Check preferred mail address:

Business \_\_\_\_\_ Phone \_\_\_\_\_

Residence \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Birth place \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden name of wife \_\_\_\_\_

Children's names and ages \_\_\_\_\_

Name of Colonial Ancestor, Dates, and State of Residence \_\_\_\_\_

Relatives who are or have been members of the Society:

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(Memberships in Clubs, Societies and Fraternal Organizations: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Nominated by \_\_\_\_\_

Seconded by \_\_\_\_\_

\$85.00 Preliminary Application fee, made payable to the Society of Colonial Wars in the State of Illinois to accompany completed preliminary application

LINE OF ASSENT

Beginning with Generation 2 list male ancestor first, but capitalize the name of the ancestor through whom this line ascends. Note: Dates are not requested but help in verifying the line. No proofs are required at this time.

1. \_\_\_\_\_

full name of candidate, son of

2. Generation: \_\_\_\_\_

\_\_\_\_\_

3. Generation: \_\_\_\_\_

\_\_\_\_\_

4. Generation: \_\_\_\_\_

\_\_\_\_\_

5. Generation: \_\_\_\_\_

\_\_\_\_\_

6. Generation: \_\_\_\_\_

\_\_\_\_\_

7. Generation: \_\_\_\_\_

\_\_\_\_\_

8. Generation: \_\_\_\_\_

\_\_\_\_\_

9. Generation: \_\_\_\_\_

\_\_\_\_\_

10. Generation: \_\_\_\_\_

\_\_\_\_\_

11. Generation: \_\_\_\_\_

\_\_\_\_\_

12. Generation: \_\_\_\_\_

\_\_\_\_\_

MAIL ORIGINAL APPLICATION AND CHECK (\$85) TO THE REGISTRAR  
Mr. William M. Fox ▪ 3660 N. Lake Shore Drive, Apt. #2812 ▪ Chicago, IL 60613  
Email: williammichaelfox@gmail.com ▪ Cell: 312.315.5586 ▪  
Work: 312.461.1538