

REVOLUTIONARY WAR ANCESTOR SEARCH REQUEST FORM

The National Society of the Sons of the American Revolution 809 West Main Street, Louisville, KY 40202 RecordCopy@sar.org FAX: (502) 589-1671

(Please DO NOT send Credit Card information via email)

NATIONAL POLICY:

- •The NSSAR restricts fulfilling requests of application copies and ancestor information of living NSSAR members to:
 - Members of the NSSAR, NSDAR and N.S.C.A.R.
 - Prospective members of the NSSAR may order a record copy through a Chapter or State Registrar or other NSSAR member assisting them with an application.

NOTE: • This form is for Revolutionary War Ancestor Search Only.

- All orders must be prepaid by one of the payment methods listed below and these fees are non-refundable.
- Only one (1) ancestor search per form may be requested.
- If a particular Patriot's child through who descent is claimed is requested and there is an application using that line, it will be sent. If no application on file uses that line, another application will be sent using the Patriot requested.

INSTRUCTIONS:

Full name of the Revolutionary

- 1. Complete the section below, providing all known data, including any possible variant spellings.
- 2. Carefully print or type your name and address legibly. Any Request Form that cannot be read will be discarded.
- 3. DO NOT use this form for any research service requests other than for Record Copies of member applications. (All copies provided will be Record Copies, even if not so noted, as those are the only copies maintained by the Society.)

| War Ancestor requested: | | | | | | | |
|------------------------------|---------------------------------------|--------------------|-------------|------------------|-----------------|-----------------|--|
| | | | | te of Death | | | |
| | | | (if knowr | n): | | | |
| Name(s) of Wife/Wives: | | | | | | | |
| State from which ancestor | | | | | | | |
| served/resided during War: | | | | | | | |
| Name of Patriot's Child thro | ough | | | | | | |
| whom descent is claimed: | | | | | | | |
| NAME AND ADDRESS | S OF REQUESTOR | - | | | | | |
| Name: | | | | | SAR, DAR or | | |
| | | | | | C.A.R. Nat. #: | | |
| Mailing Address: | | | | | • | | |
| City: | | | | State: Zip Code: | | | |
| Home Phone: | e Phone: Work Phone: Cell Phone or Fa | | | Email: | | | |
| FEE: (Please check or | ne) Electronic co | py \$10.00 (non-re | fundable) o | r Mail or Fax o | copy \$15.00 (r | non-refundable) | |
| METHOD OF PAYME | NT: | | | | | | |
| Cashier's Check | Money Order | Check (Payable | e to NSSAR) | Amount Enclos | sed: | | |
| Please charge my: | Visa MasterC | ard Discover | r Americ | anExpress | | | |
| Card Number: | | | | Expiration Date: | | Security Code: | |
| Signature: | | | | | Date of | | |
| - | | | | | Signatu | ıro: | |

The typed signature above is my authorized signature.