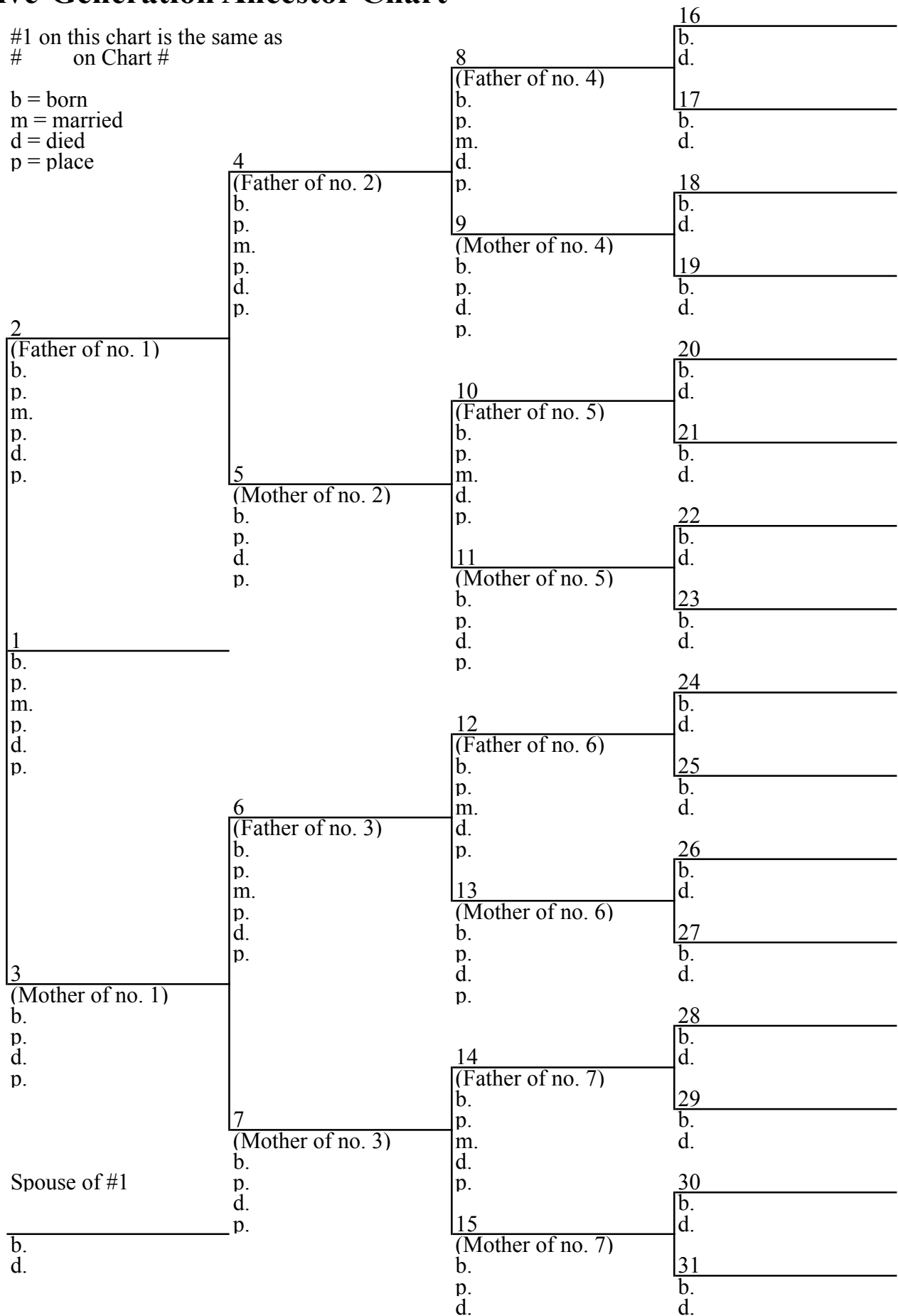


Five-Generation Ancestor Chart

Chart # ____

#1 on this chart is the same as
on Chart

b = born
m = married
d = died
p = place



First Families of Huron County – Application

1. I, _____

	First Middle and/or Maiden Name	Surname	
was born on _____	at _____	_____	Doc # _____
on _____	at _____	City/County/State	Doc # _____
married to _____	at _____	City/County/State	Doc # _____
born on _____	at _____	_____	Doc # _____
died on _____	at _____	City/County/State	Doc # _____
	at _____	City/County/State	Doc # _____

2. I am the child of _____

born on _____	at _____	_____	Doc # _____
died on _____	at _____	City/County/State	Doc # _____
and spouse _____	at _____	City/County/State	Doc # _____
born on _____	at _____	_____	Doc # _____
died on _____	at _____	City/County/State	Doc # _____
married on _____	at _____	City/County/State	Doc # _____
	at _____	City/County/State	Doc # _____

3. The said _____ is the son daughter

of _____	at _____	_____	Doc # _____
born on _____	at _____	_____	Doc # _____
died on _____	at _____	City/County/State	Doc # _____
and spouse _____	at _____	City/County/State	Doc # _____
born on _____	at _____	_____	Doc # _____
died on _____	at _____	City/County/State	Doc # _____
married on _____	at _____	City/County/State	Doc # _____
	at _____	City/County/State	Doc # _____

First Families of Huron County – Application

4. The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
of _____		_____	Doc #
born on _____	at _____	_____	Doc #
		City/County/State	Doc #
died on _____	at _____	_____	Doc #
		City/County/State	Doc #
and spouse _____		_____	Doc #
born on _____	at _____	_____	Doc #
		City/County/State	Doc #
died on _____	at _____	_____	Doc #
		City/County/State	Doc #
married on _____	at _____	_____	Doc #
		City/County/State	Doc #
5. The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
of _____		_____	Doc #
born on _____	at _____	_____	Doc #
		City/County/State	Doc #
died on _____	at _____	_____	Doc #
		City/County/State	Doc #
and spouse _____		_____	Doc #
born on _____	at _____	_____	Doc #
		City/County/State	Doc #
died on _____	at _____	_____	Doc #
		City/County/State	Doc #
married on _____	at _____	_____	Doc #
		City/County/State	Doc #
6. The said _____	is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc #
of _____		_____	Doc #
born on _____	at _____	_____	Doc #
		City/County/State	Doc #
died on _____	at _____	_____	Doc #
		City/County/State	Doc #
and spouse _____		_____	Doc #
born on _____	at _____	_____	Doc #
		City/County/State	Doc #
died on _____	at _____	_____	Doc #
		City/County/State	Doc #
married on _____	at _____	_____	Doc #
		City/County/State	Doc #

