





## First Families of Huron County – Application

1. I, \_\_\_\_\_

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

2. I am the child of \_\_\_\_\_

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

3. The said \_\_\_\_\_ is the  son  daughter

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

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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 #



