



San Jacinto Descendants

APPLICATION FOR MEMBERSHIP

Full Name

Street

City

State

Zip

Telephone Number

Email Address

DESCENDANT OF

Full Name

Name, number and location of Local Chapter

Recommended by the following members:

1

Name and Address

2

Name and Address

Approved _____ 20 _____

Registrar General

Approved _____ 20 _____

President General

Certificate of Membership issued by Registrar General _____ 20 _____

PERSONS ELIGIBLE TO MEMBERSHIP

Any person of good moral character, who is a direct descendant of an ancestor who was a participant in the Battle of San Jacinto or was assigned to the rear guard at Harrisburg is eligible to apply for membership in San Jacinto Descendants.

Persons under twenty-one years of age who are otherwise qualified for membership by descent may be admitted to Junior Membership in the organization upon written application of parent or guardian. Junior members are not subject to the payment of membership dues. Upon reaching the age of twenty-one years, a junior member automatically becomes a full member upon payment of the current annual dues.

Do not encroach on this margin, which is needed for binding.

APPLICATION FOR MEMBERSHIP

(To be sent to the Secretary of the State Organization)

_____ 20____

To San Jacinto Descendants:

I, _____ hereby apply for membership in
(Full Name)

San Jacinto Descendants by right of lineal descent from _____
Name

I was born _____
Date Town or City

_____ County State

	DATE	TOWN	COUNTY	STATE
Father _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
	Married _____	_____	_____	_____
Mother _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
G-Father _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
	Married _____	_____	_____	_____
G-Mother _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
G-g-Father _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
	Married _____	_____	_____	_____
G-g-Mother _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
G-g-g-Father _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____
	Married _____	_____	_____	_____
G-g-g-Mother _____	Born _____	_____	_____	_____
	Died _____	_____	_____	_____

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DATE

TOWN

COUNTY

STATE

G-g-g-g-Father _____

Born _____

Died _____

Married _____

G-g-g-g-Mother _____

Born _____

Died _____

G-g-g-g-g-Father _____

Born _____

Died _____

Married _____

G-g-g-g-g-Mother _____

Born _____

Died _____

G-g-g-g-g-g-Father _____

Born _____

Died _____

Married _____

G-g-g-g-g-g-Mother _____

Born _____

Died _____

Signature of Applicant _____

Biographical sketch of the ancestor from whom the applicant is descended: (The applicant is requested to furnish a sketch of his ancestor in spaces below.)

Do not encroach on this margin, which is needed for binding.

If the applicant has the names of the children of the ancestor from whom he is descended, and the persons to whom they were married, he is requested to list them below:

