



First Families Application

ACGSI First Families
 P.O. Box 12003
 Fort Wayne, IN 46862-2003

Applicant's Name _____
 (as it will appear on the certificate) (PLEASE PRINT)

Address _____ **City** _____ **ST** _____ **ZIP** _____

Email _____ **Phone** _____

Ancestor's Name _____
 (as it will appear on the certificate)

Line of descent. List yourself into line one and proceed step by step to your pioneer ancestor. Proof must be submitted for each generation. If needed, continue on the other side.

Name of ancestor	Year first proven in Allen County, IN	Place of birth (State or country)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

It is my understanding that the material submitted with this application and pedigree chart will be given to The Genealogy Center of the Allen County Public Library to be included in it's collection. I affirm that the statements made in this application are true to the best of my knowledge.

Signature of applicant _____ Date _____