

# Arkansas Civil War Ancestry Certificate Application

Arkansas Genealogical Society  
P. O. Box 26374  
Little Rock, AR 72221-6374

Complete this form to apply for a Certificate of Arkansas Civil War Ancestry.

Applicants must submit: (1) proof of direct descent from a serviceman who served in an Arkansas Confederate or Union unit during the American Civil War 1861-1865 or a veteran who received a Civil War pension (Confederate or Union) while living in the State of Arkansas; (2) a family group sheet for the ancestor for whom the certificate is claimed; (3) a photocopy of an original document proving the serviceman's military service in an Arkansas unit, or that he or his widow applied for an Arkansas Confederate pension or a U.S. pension while living in Arkansas; (4) a check or money order in the amount of \$10.00 for the certificate. Submit one application for one certificate. If you need additional applications for other ancestors, photocopy this form or order from the AGS certificate chairman.

Submitter:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

A \_\_\_ check or \_\_\_ money order for \$10.00, payable to AGS, is enclosed with this application.

I understand that my application and the material submitted will become the property of the Arkansas Genealogical Society and I give my permission to AGS to publish information from this application, editing as necessary, at some future date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am applying for a Certificate of Arkansas Ancestry on behalf of \_\_\_\_\_

for my/his/her direct ancestor who served in or applied for a pension from

\_\_\_\_\_  
(Company, Regiment, State, Infantry, Confederate/Union, Army).

I \_\_\_ am \_\_\_ am not a member of the Arkansas Genealogical Society. (Membership in AGS is not required to apply for a certificate.)

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## Directions to Complete the Forms

Please read the entire form before completing it.

Make a photocopy of the form for future use or to have a working copy before submitting the completed form to AGS.

Type or print clearly in black ink.

Record dates as "4 Nov 1842" in the form.

Write place names with the locality, county and state; i. e., Washington, Hempstead Co, AR.

Use maiden names for all the women. If the maiden name is not known, do not write a last name for her.

All of the blanks on these forms need not to be completed in order for the application to be accepted, but enough information must be supplied to confirm the lineage and sufficient information must be provided on the family group sheet to establish the identity of the ancestor.

Send legible photocopies of all the documents. Do not send an original. Do not write on the front of the photocopies or alter them. On the reverse of the photocopy, write your name and address with the complete reference or citation on where the document can be found. If it requires further explanation, attach a sheet with your reference. **\*\* Documentation must be submitted for each generation. \*\***

Retain a photocopy of all the completed application and any attachments for your personal needs.

If any of the information in the lineage, family group sheet or proof documents cannot be verified or is unclear, you will be contacted and given an opportunity to clarify and/or support your information.

If you have not received your certificate or correspondence from AGS within eight weeks, please write or inquire about the status of your application.

Mail the completed forms, proof documents and check to: AGS, PO Box 26374, Little Rock, AR 72221-6374.

If you have questions about completing this application, please write to the above address or E-mail AskAGS@agsgenealogy.org.



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date of their marriage \_\_\_\_\_ at \_\_\_\_\_

Source documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. 3 was the \_\_\_ son \_\_\_ daughter of:

4.

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

AND (his/her spouse) \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

date of their marriage \_\_\_\_\_ at \_\_\_\_\_

Source documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. 4 was the \_\_\_ son \_\_\_ daughter of:

5.

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

AND (his/her spouse) \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

date of their marriage \_\_\_\_\_ at \_\_\_\_\_

Source documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. 5 was the \_\_\_ son \_\_\_ daughter of:

6.

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

AND (his/her spouse) \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

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date of their marriage \_\_\_\_\_ at \_\_\_\_\_

Source documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. 6 was the \_\_\_ son \_\_\_ daughter of:

7.

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

AND (his/her spouse) \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

date of their marriage \_\_\_\_\_ at \_\_\_\_\_

Source documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. 7 was the \_\_\_ son \_\_\_ daughter of:

8.

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

AND (his/her spouse) \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_

date of their marriage \_\_\_\_\_ at \_\_\_\_\_

Source documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. 8 was the \_\_\_ son \_\_\_ daughter of:

[If necessary attach additional sheets, following this format, to record more generations. You may continue to list this lineage as far back as you can, extending it beyond the ancestor through whom the Certificate of Arkansas Ancestry is sought.]

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## Part 2:

### Family Group Sheet of Ancestor

**Directions:** Complete the following family group sheet information about the ancestor in whose name the certificate is to be issued. Be very specific in listing source information. In the square brackets following each item of data, write the number of the source listed on page 7 which corresponds to that item. We must be able to verify the information you provide.

Arkansas Civil War Ancestor's Name: \_\_\_\_\_ [ ]  
 Born on \_\_\_\_\_ at \_\_\_\_\_ [ ]  
 Died on \_\_\_\_\_ at \_\_\_\_\_ [ ]  
 Buried where \_\_\_\_\_ [ ]  
 Occupation, military service \_\_\_\_\_ [ ]

Father \_\_\_\_\_ [ ] Mother \_\_\_\_\_ [ ]  
 Other marriages: \_\_\_\_\_ [ ]

Spouse of Ancestor \_\_\_\_\_ [ ]  
 Married on \_\_\_\_\_ at \_\_\_\_\_ [ ]  
 Born on \_\_\_\_\_ at \_\_\_\_\_ [ ]  
 Died on \_\_\_\_\_ at \_\_\_\_\_ [ ]  
 Buried where \_\_\_\_\_ [ ]  
 Father \_\_\_\_\_ [ ] Mother \_\_\_\_\_ [ ]  
 Other marriages: \_\_\_\_\_ [ ]

**Children of this marriage:**

Name	Birth date	Birthplace	Spouse
	Death date	Death place	When and where married
1. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
2. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
3. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
4. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
5. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
6. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
7. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
8. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
9. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
10. _____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]	_____ [ ]

If there are additional children of this marriage, continue them on a separate sheet and enclose it with this application. Additional children of this marriage \_\_\_\_ Yes \_\_\_\_ No (check one).

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If the ancestor for whom the certificate is claimed had children by another spouse, please list the information on a separate sheet and enclose with this application. Enclosed? \_\_\_ Yes \_\_\_ No.

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**SOURCE CITATIONS:** List below the sources from which you obtained your information. The numbers of the sources should correspond to source numbers written in the square brackets for the data on the family group sheet. Give enough information about each source so that another researcher can follow your research and find the source again. (See note about citation on page 3).

Source # Source Citation

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

# Arkansas Civil War Ancestry Certificate Application

## Part 3: Document Proving Military Service or Pension Application while in Arkansas

Description and source citation of proof document:

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This document is offered as evidence that \_\_\_\_\_  
served in (unit) \_\_\_\_\_  
or applied for a pension on (date) \_\_\_\_\_ while living in \_\_\_\_\_  
County, Arkansas.

Enclosure must be a legible, unaltered photocopy OR a transcription of the original source document.  
Be sure to give enough information about the source so verification can be made.

Similarity of name alone is not sufficient for identification. If there is some question about the proof document, a letter of inquiry will be sent to the applicant.

### For Society Use

Received \_\_\_\_\_ by \_\_\_\_\_

Verification: Part 1 \_\_\_\_\_ Part 2 \_\_\_\_\_ Part 3 \_\_\_\_\_

Inquiry sent \_\_\_\_\_ Re: \_\_\_\_\_

Response rec'd \_\_\_\_\_ Re: \_\_\_\_\_

Action \_\_\_\_\_

Committee action \_\_\_\_\_

Certificate issued \_\_\_\_\_ No. \_\_\_\_\_

Notice of Information Not Proved \_\_\_\_\_ by \_\_\_\_\_

Notes \_\_\_\_\_

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