## NCGS – APPLICATION FIRST FAMILIES OF NOBLE COUNTY, INDIANA

Full Name of Applicant (as it is to appear on the certificate, print or type all information)

Street Address			
City	State	Zip Code	Email Address/Phone Number
Ancestor(s) of the applica Noble County, Indiana or	-		the present-day boundaries of
Name of Ancestor(s)	Year Settlee	d Township	Country or State Ancestor came from
way they choose, the mat	erial submitted t and may be publ	for the First Fam ished later. This	al Society, Inc. to use, in any ilies of Noble County. It will be application, information, and le County Genealogical
I,			y swear that the statements set
forth in this application a	re true to the bes	st of my knowled	lge and belief.
Signature of Applicant			Date
Enclose copies of the do payable to Noble Count P.O. Box 162, Albion IN	y Genealogical		ation fee (make checks ail to: NCGS - First Families
NOBLE COUNTY GEN SOCIETY, INC			NCGS First Families P.O. Box 162

P.U. DUX 102 Albion, IN 46701-0162

## **First Families Application**

## APPLICANT'S NAME

## (as you want it to appear on the certificate: please print)

ADDRESS: \_\_\_\_\_\_CITY\_\_\_\_\_STATE\_\_\_ZIP\_\_\_\_

ANCESTORS NAME:

(as it will appear on the certificate)

Line of descent: List yourself in line 1. Proceed step by step to your pioneer ancestor. Do not skip any generation. Proof must be submitted for each generation. If needed continue on the other side.

Name of ancestor	Year first proven in Noble Co. IN	Place of birth, state or country
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I hereby give permission to the Noble County Genealogical Society, Inc. to use, in any way they choose, the material submitted for the First families of Noble County. It will be added to their collection and may be published later.

I do hereby swear that the statements set forth in this application are true to the best of my knowledge and belief.

Signature of the applicant	Date
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