



# The Georgia Salzburger Society

## APPLICATION FOR SUPPLEMENTAL CERTIFICATE

### Supplemental Certificate Fee \$25.00

Please include a copy of your original certificate or application if possible.

**PRINT or TYPE ONLY**

Name of Applicant \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
(Home) (Work)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Immigrant Ancestor through whom you originally joined the Georgia Salzburger Society

Name of Immigrant Ancestor for whom you would like a Supplemental Certificate

**It is necessary to complete this form through the last generation that appears in the Georgia Salzburgers and Allied Families Publication.**

### **Generation 1**

The Applicant: \_\_\_\_\_

### **Generation 2**

Father \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

Mother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

### **Generation 3**

Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Generation 4**

Great-Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

Great-Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Generation 5**

2<sup>nd</sup> Great-Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

2<sup>nd</sup> Great-Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Generation 6**

3<sup>rd</sup> Great-Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

3<sup>rd</sup> Great-Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Generation 7**

4<sup>th</sup> Great-Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

4<sup>th</sup> Great-Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Generation 8**

5<sup>th</sup> Great-Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

5<sup>th</sup> Great-Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Generation 9**

6<sup>th</sup> Great-Grandfather \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

6<sup>th</sup> Great-Grandmother \_\_\_\_\_ Born \_\_\_\_\_ Died \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

DOCUMENTATION

Georgia Salzburgers and Allied Families: Volume(s): \_\_\_\_\_ Page(s) \_\_\_\_\_

List references: Family Bibles, church, courthouse, and cemetery record.

Additional resources are available in the Research Library located at the Georgia Salzburger Society Museum.

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

**Make check payable to THE GEORGIA SALZBURGER SOCIETY**  
**MAIL TO: The Georgia Salzburger Society**  
**P.O. BOX 1629**  
**Rincon, Georgia 31326-1629**

**If you need assistance in completing form.**  
**Contact: Debra Herrin, GSS Registrar**  
**Email: [gssdebraherrin@gmail.com](mailto:gssdebraherrin@gmail.com)**  
**or call (912)657-5675**

**FOR BUSINESS OFFICE USE ONLY**

**Date Application and Fee received:** \_\_\_\_\_

**Application approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Certificate Issue:** \_\_\_\_\_