



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.

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

2nd Great-Grandfather _____ Born _____ Died _____

2nd Great-Grandmother _____ Born _____ Died _____

Generation 6

3rd Great-Grandfather _____ Born _____ Died _____

3rd Great-Grandmother _____ Born _____ Died _____

Generation 7

4th Great-Grandfather _____ Born _____ Died _____

4th Great-Grandmother _____ Born _____ Died _____

Generation 8

5th Great-Grandfather _____ Born _____ Died _____

5th Great-Grandmother _____ Born _____ Died _____

Generation 9

6th Great-Grandfather _____ Born _____ Died _____

6th 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
2980 Ebenezer Road
Rincon, Georgia 31326-1629

If you need assistance in completing form.
Contact: Debra Herrin, GSS Registrar
Email: 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: _____