



THE  
**HAMILTON COUNTY**  
**GENEALOGICAL**  
**SOCIETY OF OHIO**

P.O. Box 15865, Cincinnati, Ohio 45215-0865 • 513.956.7078

# First Families of Hamilton County, Ohio Application

INSTRUCTIONS TO APPLICANT: Fill in blocks A, B, C and F on this page. List you main ancestral line on pages 2 and 3, beginning with yourself as #1. Type or handprint all information. A check for \$30.00 must accompany the application.

<b>A</b> Applicant's Name	Street Address	County	
Full Name of Husband or Wife	Town	State	Zip

**ANCESTORS OF THE APPLICANT WHO WERE SETTLED IN HAMILTON COUNTY BEFORE 1820:**

<b>B</b> NAME OF ANCESTOR	Year First proved in Hamilton County	State or Country Ancestor came from

**C** My Hamilton County Chapter OGS  
Dues are paid for the year \_\_\_\_\_

**D** FFHC Verification

**E** HCGS USE ONLY  
PROVED ANCESTORS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_

**F** FILLED IN APPLICANT

Name \_\_\_\_\_  
type or print

County \_\_\_\_\_

Society Name \_\_\_\_\_

**G** H.C.G.S USE ONLY

First Families of  
Hamilton County Number \_\_\_\_\_

Date Application  
Received \_\_\_\_\_

Acceptance Date \_\_\_\_\_

Fee Received? \_\_\_\_\_

**APPROVED BY:**

First Families of Hamilton County  
Committee Chairman \_\_\_\_\_ Date \_\_\_\_\_

1. I \_\_\_\_\_ was born on \_\_\_\_\_  
at \_\_\_\_\_  
City County State
2. I am the child of \_\_\_\_\_  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
and \_\_\_\_\_ his wife.  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
married on \_\_\_\_\_ at \_\_\_\_\_  
City County State
3. The said \_\_\_\_\_ was the \_\_\_\_\_  
Son or Daughter  
of \_\_\_\_\_  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
and \_\_\_\_\_ his wife.  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
married on \_\_\_\_\_ at \_\_\_\_\_  
City County State
4. The said \_\_\_\_\_ was the \_\_\_\_\_  
Son or Daughter  
of \_\_\_\_\_  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
and \_\_\_\_\_ his wife.  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
married on \_\_\_\_\_ at \_\_\_\_\_  
City County State
5. The said \_\_\_\_\_ was the \_\_\_\_\_  
Son or Daughter  
of \_\_\_\_\_  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
and \_\_\_\_\_ his wife.  
born on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
died on \_\_\_\_\_ at \_\_\_\_\_  
City County State  
married on \_\_\_\_\_ at \_\_\_\_\_  
City County State

6. The said \_\_\_\_\_ was the \_\_\_\_\_  
 of \_\_\_\_\_  
 born on \_\_\_\_\_ at \_\_\_\_\_  
 died on \_\_\_\_\_ at \_\_\_\_\_  
 and \_\_\_\_\_ his wife.  
 born on \_\_\_\_\_ at \_\_\_\_\_  
 died on \_\_\_\_\_ at \_\_\_\_\_  
 married on \_\_\_\_\_ at \_\_\_\_\_

7. The said \_\_\_\_\_ was the \_\_\_\_\_  
 of \_\_\_\_\_  
 born on \_\_\_\_\_ at \_\_\_\_\_  
 died on \_\_\_\_\_ at \_\_\_\_\_  
 and \_\_\_\_\_ his wife.  
 born on \_\_\_\_\_ at \_\_\_\_\_  
 died on \_\_\_\_\_ at \_\_\_\_\_  
 married on \_\_\_\_\_ at \_\_\_\_\_

8. The said \_\_\_\_\_ was the \_\_\_\_\_  
 of \_\_\_\_\_  
 born on \_\_\_\_\_ at \_\_\_\_\_  
 died on \_\_\_\_\_ at \_\_\_\_\_  
 and \_\_\_\_\_ his wife.  
 born on \_\_\_\_\_ at \_\_\_\_\_  
 died on \_\_\_\_\_ at \_\_\_\_\_  
 married on \_\_\_\_\_ at \_\_\_\_\_

**BASIC RULES OF EVIDENCE**

**THIS APPLICATION AND THE ACCOMPANYING PROVING DOCUMENTS WILL BE ADJUDGED AS FOLLOWS:**

PRIMARY OR COLLATERAL EVIDENCE FROM VITAL STATISTICS, COURT HOUSE OR OTHER GOVERNMENT RECORDS, CHURCH AND SCHOOL RECORDS, ETC. IS CONSIDERED USUALLY TO BE BEYOND DOUBT AND EXCELLENT PROOF.

SECONDARY EVIDENCE, SUCH AS CENSUS RECORDS, NEWSPAPER CLIPPINGS, OLD LETTERS, BIBLE OR OTHER FAMILY RECORDS CONTEMPORARY TO THE FACTS REPORTED, ARE CONSIDERED ALMOST AS AUTHENTIC.

CIRCUMSTANTIAL EVIDENCE, OR HEARSAY IS NOT CONSIDERED AS PROOF, UNLESS BACKED UP BY PRIMARY OR SECONDARY EVIDENCE.

ORAL, WRITTEN OR PUBLISHED FAMILY TRADITIONS ARE VERY OFTEN WRONG AND ARE NOT ACCEPTED AS PROOF.

ALL PROOF DOCUMENTS MUST BY THEMSELVES OR IN COMBINATION WITH OTHER DOCUMENTS, ACTUALLY STATE THE FACT TO BE PROVED. IMPLIED EVIDENCE IS NOT ACCEPTED AS PROOF.

**This application, information, and all supporting documents and data become the property of the HAMILTON COUNTY CHAPTER OGS.**

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**SPECIFICATIONS FOR THE FIRST FAMILIES OF HAMILTON COUNTY**

Any member of the HAMILTON COUNTY CHAPTER OGS who is direct descendent of an individual who settled in Hamilton County before 1820, may become a member of THE FIRST FAMILIES OF HAMILTON COUNTY on the acceptance of an application with proof of such descendent and the payment of \$30.00 application fee. This application must first be accepted by THE FIRST FAMILIES OF HAMILTON COUNTY Committee.

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Give volume and page for book references and include a copy machine, photo, or other facsimile copy of the pertinent pages, and of all published or unpublished records used for proof. Type, handprinted or written copies of documents, not certified as 'True Copies' are not acceptable as proof. Published or manuscript material authored by the applicant or his family will not of themselves be accepted as proof. Information for additional ancestral lines may be included on blank pages, showing the tie-in to the lines on the basic application. If more than two lines are submitted, please include an ancestral chart to show the inter-connections. Only blood lines are acceptable.

Authorities as to settlement in Hamilton County, Ohio prior to 1820, upon whom eligibility is claimed:

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Authorities as to descent: (List and include facsimile copies as stated above) \_\_\_\_\_

Each step must be proved. \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_