

Application for Hereditary Membership In the Military Order of the Loyal Legion of the United States

NAME of APPLICANT (In full)	
ADDRESS	
OCCUPATION	
I hereby apply for membership in the Commandery of	
By Right of Descent Provide Name, Rank and Unit /Ship of and Relationship (Great G	
Who was an Original/Deceased Officer (Indicate which Applies)	
INSIGNIA Number Comm	nandery of
Ancestor's Grave Located (Cemetery)	
(Cemetery) ***********************************	(County) (State) ry and Commandery-in-Chief************************************
Name of person or entity (in case of Internet) who referred applicant:	
D' (IN)	Insignia Number (if applicable)
Printed Name)	
We the undersigned recommend	
as worthy of admission as a Companion of the Order. (Name of	f Applicant)
	Insignia Number
(Signature and Printed Name)	
	Insignia Number
(Signature and Printed Name)	
Application verified and approved	20
	Registrar-in-Chief

STATEMENT of Line of Eligibility for Membership in the Military Order of the Loyal Legion of the United States EVERY NAME of PERSON MUST be written in Full...DO NOT USE INITIALS.

1.	My qualifying relative was bo	orn at			
on	died	at		on	
marr				on	
to			born at		
on					
2.	His son/daughter/brother/siste	er (cross out those	not applicable) was:		
			born at		
on		died at		on	
marr				on	
to			born at		
on		died at		on	
3.	Their son/daughter was				
born					
died					
marr					
to					
on		died at		on	
4.	Their son/daughter was				
born					
died					
marr					
to					
on				on	
5.	Their son/daughter was				
born					
	at				
	ied at				
to					
on		died at		on _	

6. Their son/daughte	·		
born at			on
died at			on
married at			on
to		born at	
on	died at		on
7 Their son/daughte	er was		
_			on
			on
	died at		
	er was		on
DOIN at			OII
			on
died at			on
died at			on
died at married atto		born at	on
died at married at to on		born at	on
died at	died at OF OFFICER ANCESTOR'S SEE bove Record (Give title and year of pu	born at	on
married at to on PROVIDE RECORD O Provide References for a	died at OF OFFICER ANCESTOR'S SEE bove Record (Give title and year of pu	born at EVICE: blication, volume number, and page[s	on
married at to on PROVIDE RECORD O Provide References for a . Children of the Applica	died at OF OFFICER ANCESTOR'S SEE bove Record (Give title and year of pu	born at EVICE: blication, volume number, and page[s	on

Authority for Each Statement of Birth

Give below Authorities, published and/or unpublished, covering all names, dates, places, and connections between generation in this line from the Civil War ancestor, to and including the applicant. Send one photocopy of each piece of datum.

Statements based on tradition cannot be considered.

The number below refers to the corresponding Generations on the other pages.

(Gen	eration)		
1.			
2.			
3.			
<i>J</i> .			
4.			
5 .			
6.			
7.			
8.			
δ.			

RECORD of APPLICANT: (Military Service, civil offices, collegiate degrees, etc.)

State of Recorder
State of
20 through the Commandery of the
on the day of
of the United States
The Military Order of the Loyal Legion
of
Elected a Hereditary Companion
of
HEREDITARY APPLICATION
Commandery No.
Insignia No.

The following form of acknowle	edgement is required:
Applicant further attests that:	(Name of ancestor from whom eligibility is derived)
s the ancestor mentioned in the	foregoing application, and the statements hereinbefore set forth are true to the best of his

knowledge and belief.

The applicant also pledges allegiance to the United States of America and agrees to support the Constitution.

Military Order of the Loyal Legion of the United States

DIRECTIONS FOR USE IN PREPARING APPLICATIONS FOR HEREDITARY MEMBERSHIP

- 1. PROOF of eligibility requires that beginning with the qualifying Civil War Ancestor (proof of service and commission must be submitted) all generations must be established or supported by suitably photocopied records furnished by the applicant. These may be in the form of birth/marriage/death certificates, obituaries, county histories and records, census records, and any other acceptable references. ONE copy of each supporting paper is necessary. A copy of applicant 's birth certificate is required.
- 2. APPLICATIONS ON MEMBERSHIP printed double sided on acid free paper. Many of the papers sold by the ream at Staples and Office Depot are acid free. Check label on the side of the pack. (Note: *Hammermill Copyplus* is acid free paper in all sizes)

The application should be carefully prepared in view of the fact it is expected they will become permanent records of the Order. It is required that they be clearly and neatly be typewritten submitted in duplicate. In the rare instance when a computer or typewriter is not available, a neatly lettered form may be accepted.

- a. The form must be filled out on the front, on the lineage section, the reference section, and the panel section on the back. The front page must bear the name and Insignia Number of Two Hereditary Companions of the Commandery the applicant wishes to join. PLACES of birth, marriage, and death should be typed with dates. All dates shall be typed in the following form: 29 June 1895. No other form is acceptable. Initials may not be used. Supporting papers <u>must not</u> be stapled to the application.
- b. The Name of the applicant should be written as he expects it to appear on the Roster of Members.
- 3. REFERENCES: A reference MUST be given on the Application that substantiates the relationship between each generation listed.
 - a. Give author, title, date, and page of all genealogical material germane to the lineage. Please send clear and underlined photocopies of all portions of references cited.
 - b. Submit photocopies of all unpublished data, via: Bible records, family records, letters, documents, probate records, etc. If submitting obituaries include name and date of newspaper and place of publication.
 - c. Do not give as REFERENCE for ANY generation membership numbers of any organization except MOLLUS. Lineage papers of other organizations are not proof of decent. Any applicant may cite lineage from a member's Application for Membership in MOLLUS.
- 4. UPON COMPLETION OF THE APPLICATION send to the California Commandery the duplicate signed copies, one set of supporting documentation, along with two checks payable to MOLLUS, one in the amount of \$30.00 and the second in the amount of \$20.00.