

File#	Ancestor Name
Date Recv'd	Date returned for further info
Date completed	Date certificate issued

Do not write in above section. For OBCGS/FFOB use only.

First Families of Old Buncombe



A Pioneer Heritage Organization of Old Buncombe County

Membership & Certificate Application

Instructions: This application is in 2 parts: (1) This application form* and (2) the Line of Descent/Proof Document Form. Complete both parts. **BOTH parts must be completed and submitted.** Please type or print legibly all information. Sign and date the application and consent form. (Applications without signature will NOT be processed.) Send **ALL** of the above along with photocopies (NO originals, please!!) of your documentation/ proofs and a check or money order in the amount of \$25.00 to:

First Families of Old Buncombe
c/o Old Buncombe County Genealogical Society
PO Box 2122
Asheville, NC 28802-2122

A. Applicant's name (as you wish it to appear on the certificate):

Street Address: _____

City, State, Zip: _____

B. Ancestor's Name as it is to appear on the certificate (name of qualifying ancestor who was in Buncombe County prior to December 31, 1800):

First date proven to be in Buncombe County (**REQUIRED**): _____

Birth (date & place): _____

Baptism (date & place): _____

Married (date, place, by whom): _____

Death (date & place): _____

Burial (date & place): _____

Spouse (maiden name if known): _____

Spouse Birth (date & place): _____

Spouse Death (date & place): _____

Where in Old Buncombe County did your ancestor live, if known?

*Please give all requested information known about your ancestor. If the information in a specific field above is not known (for example: birth date), please so indicate. Your application will not be rejected for lack of information in any above field *with the exception of the first date proven to be in Old Buncombe County field*, but including any known information in the other fields will expedite your application.

I am applying from membership in First Families of Old Buncombe and am submitting the enclosed information for that purpose. I understand and agree that all material submitted to OBCGS with this application becomes the property of OBCGS and will not be returned. I further grant permission for this material to be published or otherwise disseminated, as OBCGS deems appropriate. I have read & understand the accompanying information on FFOB in ALOB, the website, or the information sheets.

Signed _____ Date _____

I do ___ do not ___ wish my address ____, telephone number ___ and/or e-mail address ___ to be shared with other researchers of the same surname and/or qualifying ancestor.

Signed _____ Date _____

E-mail Address _____ Telephone _____

First Families of Old Buncombe

A Pioneer Heritage Organization of Old Buncombe County

Line of Descent Form

Instructions: Complete this Line of Descent Form beginning with yourself as #1 and ending with your qualifying ancestor. Please type or print all information legibly. Submit this form with the [Membership & Certificate Application](#) and a check for \$25.00 to the address listed on the [Membership & Certificate Application](#). Remember: ALL of the above must be included and every step must be proven with acceptable documentation.

1. Applicant's name: _____

Birth date & place: _____

Marriage (spouse, date & place): _____

Proof document to parent: _____

2. **Child of:** _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

3. **Child of:** _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

4. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

5. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

6. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

7. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

8. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

9. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

10. Child of: _____

Birth (date & place): _____

Marriage (spouse, date, place): _____

Death (date, place, place of interment): _____

Proof document to parent: _____

NOTE: applications lacking **ANY** of the following will not be processed: Signed application, Line of Descent /Proof document Form, \$25 check or money order