

File#	Ancestor's name
Date received	Date returned for further information
Date completed	Date certificate issued

Do not write in above section. For FFCC use only.

First Families of Clayton County

A Pioneer Heritage Organization of Clayton County

Membership and Certificate Application

Instructions: (1) This application form*, (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 \$35.00 to:

Historical Jonesboro/Clayton County, Inc.

P.O. Box 922

Jonesboro, Ga. 30237

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 Clayton County prior to December 31, 1860):

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

Birth (date and place):

Baptism (date and place):

Married (date, place, to whom):

Death (date and place):

Burial (date and place):

Spouse (maiden name if known):

Spouse Birth (date and place):

Spouse Death (date and place):

Where in Clayton 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 Clayton County* field. Providing additional known information in the other fields will expedite your application process.

I am applying for membership in First Families of Clayton County and am submitting the enclosed information for that purpose. I understand and agree that all material submitted to FFCC with this application becomes the property of FFCC and will not be returned. I further grant permission for this material to be published or otherwise disseminated, as FFCC deems appropriate.

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.

I do ___ do not ___ wish to share my information on the internet.

Signed _____ Date _____

E-mail Address _____ Telephone _____

All applications should be fully completed with 1) signature, 2) line of descent/proof document form, and 3) payment of \$35.00. Any insufficiency will cause non-processing.