

WICHITA COUNTY GENEALOGICAL SOCIETY

PIONEER CERTIFICATE APPLICATION

Please print this page and send to P. O. Box 1561, Leoti, KS 67861 with your \$7.50 fee.

The following pertains to the person applying for the certificate.

NAME _____ (as you would like it to appear on the certificate.)

ADDRESS _____ (street\city\state\zip)

NAME OF PIONEER _____

DATE OF BIRTH _____ (Month\Day\Year)

PLACE OF BIRTH _____ (City, County/Province, State/Country)

DATE OF DEATH _____ (Month\Day\Year)

PLACE OF DEATH _____ (City, County/Province, State/Country)

PLACE BURIED _____ (City, County/Province, State/Country)

PIONEER'S FATHER'S NAME _____

PIONEER'S MOTHER'S NAME _____

PIONEER'S MOTHER'S MAIDEN NAME _____

PIONEER'S SPOUSE'S NAME _____ (maiden name, if woman)

PIONEER'S MARRIAGE DATE TO SPOUSE _____ (Month\Day\Year)

SPOUSE'S DATE OF BIRTH _____ (Month\Day\Year)

PLACE OF BIRTH _____ (City, County/Province, State/Country)

SPOUSE'S DATE OF DEATH _____ (Month\Day\Year)

PLACE OF DEATH _____ (City, County/Province, State/Country)

SPOUSE'S FATHER'S NAME _____

SPOUSE'S MOTHER'S MAIDEN NAME _____

DATE AND PLACE PIONEER ENTERED / SETTLED IN WICHITA COUNTY _____

_____ Year and Township or Area of the County if Known

PERMISSION RELEASE

I do understand that this information will at a later date be placed into a book that will be available for sale. I will be notified when this book will be released.

I DO GIVE MY PERMISSION TO THE WICHITA COUNTY GENEALOGICAL SOCIETY TO USE MY MATERIAL FOR THEIR PUBLICATION AS THEY SEE FIT, ALLOWING THE MATERIAL TO BE EDITED AS NECESSARY.

SIGNATURE AND DATE _____

This is to certify that I have checked the attached proof, that the above named ancestor was in Wichita County, Kansas as stated by applicant and the above statements are true to the best of the applicant's knowledge.

Certificate issued this _____ day of _____ 19__.

Certificate No. _____
