

DuVal Family Association, Inc.

Membership Application

I _____ hereby apply for membership in the **DuVal Family Association, Inc.** by right of lineal descent from **Daniel DuVal**.

Address _____

City, State, Zip Code _____

Phone _____ E-mail _____

Applicant's Birth (date, place) _____

My spouse _____

born in _____

County of _____ State of _____ on _____

Married (date, place) _____

My child/children:

Child's name _____

Born in _____ date of birth _____

Child's name _____

Born in _____ date of birth _____

Child's name _____

Born in _____ date of birth _____

I _____ am the son/daughter of:

2. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

3. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

4. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

5. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

6. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

7. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

8. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

9. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

10. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

ion _____ died in _____ on _____

Proof of Descent (title, author, page, Bible record, birth certificate, public records or other sources)

Applicant _____

2nd Generation _____

3rd Generation _____

4th Generation _____

5th Generation _____

6th Generation_____

7th Generation_____

8th Generation_____

9th Generation_____

10th Generation_____

Signed:_____

Return to:
Joan Thomas
427 Portsmouth Road
Cape May, NJ 08204