



# The Continental Society Daughters of Indian Wars

## APPLICATION PAPERS CHECKLIST

Check off each item prior to submitting to Registrar General

State / Province: \_\_\_\_\_ Applicant: \_\_\_\_\_

DOES THIS PAPER FOLLOW CSDIW REQUIREMENTS?	Chapter	State
1. Is the applicants name written as it is to be shown on the certificate?		
2. Is the email and/or phone number of the applicant given?		
3. Send one (1) original, and two (2) photocopies of the application.		
4. Are the following signatures shown on the paper? State/Province Societies with Chapters: Chapter Officers: (Governor, Registrar). State/Province Officers (Governor, Registrar). Signature of two endorsers (on front page). Signature of applicant (on last page).		
5. For Supplemental applications, use Supplemental checklist.		
6. If another member's application is used as proof, has a photocopy been enclosed and shown as part of the documentation in each generation?		
7. Are all dates written day month (use abbreviation) year (ie. 4 Jul 1776)?		
8. <b>DOCUMENTATION: (A)</b> All sources cited for ALL facts, names / dates / locations? <b>(B)</b> Title page/copyright included for all published works? <b>(C)</b> Each generation links to the next? <b>(D)</b> Difficult-to-read records have been transcribed, the transcript attached to a copy of the original document?		
9. All pertinent information should be underlined in red; NO HIGHLIGHTS.		
10. On the back of each piece of documentation, has the member name, Chapter/State/Province name and the generation(s) # this doc applies to, been written or attached by address label?		
11. Is the male ancestor always shown first in each generation?		
12. Is documentation for Proof of Service enclosed and the service and location marked within the document?		
13. Has a check been made out correctly for the application fee of \$45.00? Check made payable to: <u>CSDIW Treasurer General</u> ?		

**As State/Province Registrar, I have checked that all of the above is in proper order before submitting this application paper.**

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sign: \_\_\_\_\_

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**Include this form with the application, documentation and check. Send to:**

Lynda Moreau, Registrar General  
4009 Green Acres Rd; Metairie, LA 7003-1301

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