



**Application for Hereditary Membership
In the Military Order of the Loyal Legion of the United States**

NAME of APPLICANT (In full) _____

ADDRESS _____

OCCUPATION _____

I hereby apply for membership in the Commandery of MICHIGAN

**By Right of Descent From
(Provide Name, Rank and Unit /Ship of Ancestor)**

Who was an Original/Deceased Officer (Indicate which Applies)

INSIGNIA Number _____ Commandery of _____

Ancestor's Grave Located _____
(Cemetery) (County) (State)

*****The below section to be completed by Commandery and Commandery-in-Chief*****

Name of person or entity (in case of Internet) who referred applicant:

Printed Name) Insignia Number (if applicable) _____

We the undersigned recommend _____
(Name of Applicant)
as worthy of admission as a Companion of the Order.

(Signature and Printed Name) Insignia Number _____

(Signature and Printed Name) Insignia Number _____

Application verified and approved _____ 20

Registrar-in-Chief

**STATEMENT of Line of Eligibility for Membership in the Military Order of the Loyal Legion of the United States
EVERY NAME of PERSON MUST be written in Full...DO NOT USE INITIALS.**

1. My qualifying relative was born at _____
on _____ died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

2. His son/daughter/brother/sister (cross out those not applicable) was:
_____ born at _____
on _____ died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

3. Their son/daughter was _____
born at _____ on _____
died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

4. Their son/daughter was _____
born at _____ on _____
died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

5. Their son/daughter was _____
born at _____ on _____
died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

6. Their son/daughter was _____
born at _____ on _____
died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

7 Their son/daughter was _____
born at _____ on _____
died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

8. Their son/daughter was _____
born at _____ on _____
died at _____ on _____
married at _____ on _____
to _____ born at _____
on _____ died at _____ on _____

PROVIDE RECORD OF OFFICER ANCESTOR'S SERVICE:

Provide References for above Record (Give title and year of publication, volume number, and page[s]):

.

Children of the Applicant

1. _____ born at _____ on _____
2. _____ born at _____ on _____
3. _____ born at _____ on _____

Provide Insignia Number of any close relative credited with this ancestor.

Authority for Each Statement of Birth

Give below Authorities, published and/or unpublished, covering all names, dates, places, and connections between generation in this line from the Civil War ancestor, to and including the applicant. Send one photocopy of each piece of datum.

Statements based on tradition cannot be considered.

The number below refers to the corresponding Generations on the other pages.

(Generation)

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

RECORD of APPLICANT: (Military Service, civil offices, collegiate degrees, etc.)

Insignia No.		
Commandery No.		
HEREDITARY APPLICATION		
of		
Elected a Hereditary Companion		
of		
The Military Order of the Loyal Legion		
of the United States		
on the		
	day of	
20	through the Commandery of the	
State of	Michigan	
Recorder		
Recorder-in-Chief		

The following form of acknowledgement is required:

Applicant further attests that: _____
 (Name of ancestor from whom eligibility is derived)

is the ancestor mentioned in the foregoing application, and the statements hereinbefore set forth are true to the best of his knowledge and belief.

The applicant also pledges allegiance to the United States of America and agrees to support the Constitution.

 (Full signature of applicant)