



Application
**HERITAGE CERTIFICATE
PROGRAM
BOSQUE COUNTY, TEXAS**



Mail Application to: Bosque County Historical Commission, Heritage Certificate Program, P. O. Box 534, Meridian TX 76665
Application fee must accompany the application. See guidance document for fee schedule and detailed instructions.

APPLICANT

Name: _____

Mailing Address: _____
Street City State Zipcode

Phone Number: _____ Email Address: _____

I do hereby swear that the documents and statements set forth in this application are true to the best of my knowledge and belief. I understand that this application and attached documents will be placed in the Bosque County Archives for research use.

Signature of Applicant: _____ Date: _____

PUBLICATION PERMISSION RELEASE

I hereby give permission to the Bosque County Historical Commission to reproduce any material included in my application for potential and future publishing efforts.

Signature of Applicant: _____ Date: _____

RECIPIENT

Name of Recipient: _____
(exactly as you wish it to appear on certificate)

ANCESTOR OF RECIPIENT

Name of Ancestor: _____
(exactly as you wish it to appear on certificate; a married couple is acceptable if both were in Bosque County within the time period)

Location from which ancestor migrated to Bosque County: _____

Year first proven in Bosque County: _____ Location in Bosque County where ancestor settled: _____

Biography/Involvement in county or community: _____

BCHC USE ONLY

Date Appl. Rcv'd: _____
Fee Rcv'd? _____
Cert. Category: _____
Date Cert. Issued: _____
File Number: _____

The undersigned have investigated and approved the recipient and application:

Signature of two BCHC researchers:

Name: _____ Date: _____

Name: _____ Date: _____

Signature of BCHC Chairperson:

Name: _____ Date: _____

SUMMARY OF LINEAGE SHEETS

In the following table, list the names of the recipient's direct lineage down to the ancestor which first settled in Bosque County. The last entry on this form is the qualifying ancestor. Do not provide the names of the spouse(s). They will be provided on the lineage sheets.

Gen. No.	Relation	Name	Birth Year	Death Year	Num. of Marriages
1	Recipient				
2	Parent				
3	Grandparent				
4	Great Grandparent				
5	2 nd Great Grandparent				
6	3 rd Great Grandparent				
7	4 th Great Grandparent				
8	5 th Great Grandparent				
9	6 th Great Grandparent				

This application should contain at least one lineage sheet for each name listed above, beginning with the recipient. Those individuals with more than one marriage will have additional sheets.

After all pages of the application have been completed, please place them in the correct order and fill in the page numbers at the bottom of each page.

LINEAGE SHEET - GENERATION # _____

Gender (check one): ___ M ___ F

_____ Name _____

Child of _____ and _____
Father's Name Mother's Maiden Name

Born on _____ at _____
Date City County State

Died on _____ at _____
Date City County State

Buried at _____
Cemetery City County State

Occupation _____ Church Affil. _____ Military Serv. _____

Marriage ___ of ___ on _____ at _____
Date City County State

To _____
Spouse's Name (use maiden name if female)

Child of _____ and _____
Spouse's Father's Name Spouses's Mother's Maiden Name

Born on _____ at _____
Date City County State

Died on _____ at _____
Date City County State

Buried at _____
Cemetery City County State

Occupation _____ Church Affil. _____ Military Serv. _____

If more than one marriage, please use additional sheet(s)

Their children were:

	Name	Gender	Date of Birth	Date of Death	To Whom Married
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

Documents of Proof for this Generation

(please list; copies must accompany this application)

