



National Society Daughters of CSA Officers Corps

SUPPLEMENTAL Application Sheet

(This is a hot file and must be completed on your computer. Save the file first, then enter your information; save again and then print.) Handwritten documents are not accepted and will be returned.

Name (as you want it on certificate) _____

Mailing Address: _____

City _____ State _____ Zip _____

Home phone: _____ Cell: _____

Email: _____

Date of Birth (dd/mmm/yyyy) ____/____/____ Member # _____

SUPPLEMENTAL Ancestor information (Lineage Tree also required): If a collateral ancestor, please complete 2 trees – one to and one from MRCA (Most Recent Common Ancestor) to your relative. Each Supplemental application must stand on its own with proofs. Please keep a copy of your entire application and this form.

First Name _____ Middle _____ Last _____

Rank _____ Office Held (Civilian) _____

CSA Army CSA Navy Surgeon Chaplain Civilian _____

State ____ Company ____ Unit _____ Reg't _____

Enlistment date (dd/mmm/yyyy) _____ Location _____

Final date (dd/mmm/yyyy) _____ Location _____

Died of illness KIA POW Paroled Resigned / Retired Secession Convention Civil Service (elected, appointed, etc.) – Please describe service, location, dates, and any pertinent details on separate sheet. **Proofs must**

be provided for all lineage and service.

Please contact jshinn1515@gmail.com if you have any questions.

Mail the \$25 supplemental fee payable to NSDCSAOC, this form, lineage tree, and proofs to:

Janice Shinn, 24260 Trolley Lane, St. Robert, MO 25584.

Signature of Applicant _____ Date _____

Signature of Registrar _____ Date _____