

THE ELLWOOD LEGACY APPLICATION
FRIENDS OF WILDERNESS BATTLEFIELD

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

ANCESTOR'S NAME _____

ANCESTOR'S STORY (Attach additional sheets if necessary) _____

SOURCES:

Friends of Wilderness Battlefield, Inc., is permitted to publish all information provided herein in any media that would further the goals of Friends of the Wilderness Battlefield, Inc., a 501(c)(3) organization.

To the best of my knowledge, the information provided in this document is true and correct.

Signature _____

INSTRUCTIONS FOR COMPLETION OF THE ELLWOOD LEGACY APPLICATION

NAME: Complete name of applicant — first name, middle initial, last name.

DATE: Date application is completed.

ADDRESS: Street address of applicant including city, state, zip code.

EMAIL ADDRESS: Applicants email address will be used exclusively for any questions about this application. It will not be published in The Descendants Book; it will remain confidential. Please enter this carefully and legibly.

ANCESTOR'S NAME: Complete name of ancestor.

ANCESTOR'S STORY: Provide as much information as possible about ancestor's relationship with Ellwood: a visitor, employee, customer, etc.

SOURCES: Cite any documentation available showing ancestor's interaction with Ellwood: letters, census; stories told by family members, whatever is available.

Applicant may provide CD with GED-COM family tree file. Typed Ahnentafel files will not be accepted.

Applicant may use family data sheets.