

Preliminary Application and Lineage Review Form

This is a preliminary review to see if your proposed line is currently accepted by the Mayflower Society. **Directions for New and Supplemental Applicants:** This is a fillable form. Fill in the blanks with your proposed line of descent from **one** *Mayflower* Pilgrim to yourself. Please email form to: **historian@camayflower.org**.

App	licant's Name:		Date:	
Phor	ne:	Email:		
Stree	et Address:			
	State, Zip:			
Requ	aired for a Supplemental Line:	General #	#	
Sign	ature:			
<u>(1)</u>	Mayflower Ancestor:		Spouse:	
<u>(2)</u>	Son/Daughter		•	
<u>(3)</u>	Son/Daughter		Spouse:	
<u>(4)</u>	Son/Daughter		Spouse:	
<u>(5)</u>	Son/Daughter		Spouse:	
<u>(6)</u>	Son/Daughter		Spouse:	
<u>(7)</u>	Son/Daughter		Spouse:	
<u>(8)</u>	Son/Daughter		Spouse:	
<u>(9)</u>	Son/Daughter		Spouse:	
<u>(10)</u>	Son/Daughter		Spouse:	
<u>(11)</u>	Son/Daughter		Spouse:	
<u>(12)</u>	Son/Daughter		Spouse:	
<u>(13)</u>	Son/Daughter		Spouse:	
<u>(14)</u>	Son/Daughter		Spouse:	
<u>(15)</u>	Son/Daughter		Spouse:	
<u>(16)</u>	Son/Daughter		Spouse:	
You	r name should be last.			
If the	ere is a member of your family already	a member, please give name an	d relationship.	
	Name	Relationship	GSMD# State #	<u> </u>

This Preliminary Application and Lineage Review Form is for use by New and Supplemental Applicants. Members must be over eighteen years old of age. To prove a supplemental line through the California Mayflower Society, you must already be a member of this society. If you have more than one Pilgrim ancestor, you must submit a separate application for each Pilgrim. Please work on proving one line of descent at a time. If an initial application is submitted to GSMD, a \$245 fee will be required at that time. If a supplemental application is submitted, a supplemental fee will be required. Please email form to: historian@camayflower.org