

ADAIR COUNTY ANQUESTORS
PIONEER CERTIFICATE APPLICATION

NAME OF APPLICANT _____
(As you wish it to appear on the certificate)

ADDRESS _____

NAME OF PIONEER ANCESTOR _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
Day Month Year City County State

DATE OF DEATH _____ PLACE OF DEATH _____
Day Month Year City County State

PLACE BURIED _____
Name of Cemetery City County State

PIONEER FATHER'S NAME _____

PIONEER MOTHER'S NAME _____

PIONEER SPOUSE'S NAME _____

SPOUSE'S DATE & PLACE OF BIRTH _____
Day Month Year City County State

SPOUSE'S DATE & PLACE OF DEATH _____
Day Month Year City County State

PLACE BURIED _____
Name of Cemetery City County State

DATE OF MARRIAGE _____ PLACE _____
Day Month Year City County State

DATE & LOCATION PIONEER SETTLED IN ADAIR COUNTY _____
Year City/Township

PERMISSION RELEASE

I hereby give permission to Adair County Anquestors to use my material submitted for the Pioneer Certificate for their publications and other research, now and in the future.

Signature _____

Address _____

Date _____ (Month, Day, Year)