First Families of San Mateo County, California

APPLICATION

Name of Applicant _____
First Name Middle Name Maiden Name Surname

Date of Application _____

Mailing Address _____

_____

Email _____ Phone _____

Full Name of Spouse _____

The San Mateo County ancestor through whom I apply for Membership is:

Name _____
First Name Middle Name Maiden Name Surname

Born: _____
Town Country Date

Resident of: _____ In San Mateo County, in Year(s): _____
Town

Died _____
Town State Date

Specify proof that ancestor was a resident of the area now encompassed by San Mateo County in the year 1905 or before.

_____

_____

Privacy issue in regard to your Application

Are you willing to share your genealogical information? ☐ Yes ☐ No

If yes, can this information be released to researchers through genealogy repositories such as libraries or historical associations, or in any publication of the San Mateo County Genealogical Society, including its newsletter, The SMCGS Newsletter? ☐ Yes ☐ No

It is understood that the San Mateo County Genealogical Society will adhere to generally accepted privacy guidelines concerning information on living individuals.

Applicant's Signature: _____

Send your application, copies of all your proofs, and the one-time, non-refundable fee to:
Registrar, First Families of San Mateo County, P.O. Box 5569, Redwood City, CA 94063-5569

Registrar's Use Only:

Application and Fee Received on: _____

Lineage Verified and Approved on: _____

Signed: _____
Registrar, First Families of San Mateo County, California