

## Application for Membership in the Thomas Minor Society

(Please complete all applicable boxes)

Name of Applicant (Descendant):	Email Address:
Street Address:	Telephone: (        )
City, State, ZIP	Send your completed two-part application (this page plus a completed family group sheet) with a check or money order for \$15.00 (USD) payable to The Thomas Minor Society to: <i>Mary Jane Knights, Genealogist, Thomas Minor Society, 2536 Kentucky Avenue, Salt Lake City, UT 84117</i>
If married, full name of spouse:	

### Line of Descent from Thomas Minor (1608 – 1690)

(Enter all dates as Day Month Year (e.g., 19 Jan 1947))

	Name of Miner/Minor Ancestor	Birth	Death	Marriage	Full Name of Spouse
Parent		Date:	Date:	Date:	
		Place:	Place:	Place:	
Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
2 <sup>nd</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
3 <sup>rd</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
4 <sup>th</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
5 <sup>th</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
6 <sup>th</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
7 <sup>th</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	
8 <sup>th</sup> Great Grandparent		Date:	Date:	Date:	
		Place:	Place:	Place:	

(Attach additional page if necessary)

# Family Group Sheet (Use additional sheets if necessary)

<b>Husband</b>			
Born	date:	place:	
Christened	date:	place:	
Died	date:	place:	
Buried	date:	place:	
Address			
Father		Mother	
Married	date:	place:	
<b>Wife</b>			
Born	date:	place:	
Christened	date:	place:	
Died	date:	place:	
Buried	date:	place:	
Address			
Father		Mother	
<b>Children</b>			
<b>1</b>	gender		
Born	date:	place:	
Christened	date:	place:	
Died	date:	place:	
Buried	date:	place:	
Address			
Spouse		name:	married (date and place):
<b>2</b>	gender		
Born	date:	place:	
Christened	date:	place:	
Died	date:	place:	
Buried	date:	place:	
Address			
Spouse		name:	married (date and place):
<b>3</b>	gender		
Born	date:	place:	
Christened	date:	place:	
Died	date:	place:	
Buried	date:	place:	
Address			
Spouse		name:	married (date and place):
<b>4</b>	gender		
Born	date:	place:	
Christened	date:	place:	
Died	date:	place:	
Buried	date:	place:	
Address			
Spouse		name:	married (date and place):