



Descendants of Juan de Cuevas Family Association

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Phone: 228-222-0071 Fax: 228-255-7195



~Est. 2017~

Application for Membership

Membership Requirements

All Descendants of Juan de Cuevas members must be in the bloodline and show proof of such in the provided section of this application in order to be considered a full member. All other members applying for membership will be considered an associate member.

Application Instructions

- Print legibly in black or blue ink or type.
- All information provided on the application is subject to verification.
- Please be **complete** and **accurate** as possible.
- **No Electronic Signatures**

*Once completed, the application can either be hand delivered to the current Secretary in office, mailed to the address with the indication of "Attn. Membership" in the bottom left corner of the envelope, or be emailed to descendantsofcatiland@outlook.com in PDF format.

Applicant Information

Name: _____
Last Name Suffix First Name Middle Name

Address: _____
Street Address

City State Zip / /
Date of Birth (optional)

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email Address: _____

Applying for: Full Membership Associate Membership

If applying for Associate Membership which full member is sponsoring you:

Proof of Lineage

Please provide you family lineage and the connection to Juan de Cuevas if you are applying for full membership. If you are unsure of your full lineage you may request assistance from our association genealogist.

Ancestors

Spouses

Juan's Child: _____
Generation: 2nd
Date of Birth: ____/____/____
Date of Death: ____/____/____

Spouse: _____
Marriage Date: ____/____/____
Date of Birth: ____/____/____
Date of Death: ____/____/____

Ancestor: _____
Generation: 3rd
Date of Birth: ____/____/____
Date of Death: ____/____/____

Spouse: _____
Marriage Date: ____/____/____
Date of Birth: ____/____/____
Date of Death: ____/____/____

Ancestor: _____
Generation: 4th
Date of Birth: ____/____/____
Date of Death: ____/____/____

Spouse: _____
Marriage Date: ____/____/____
Date of Birth: ____/____/____
Date of Death: ____/____/____

Ancestor: _____
Generation: 5th
Date of Birth: ____/____/____
Date of Death: ____/____/____

Spouse: _____
Marriage Date: ____/____/____
Date of Birth: ____/____/____
Date of Death: ____/____/____

Ancestor: _____
Generation: 6th
Date of Birth: ____/____/____
Date of Death: ____/____/____

Spouse: _____
Marriage Date: ____/____/____
Date of Birth: ____/____/____
Date of Death: ____/____/____

Ancestor: _____
Generation: 7th
Date of Birth: ____/____/____
Date of Death: ____/____/____

Spouse: _____
Marriage Date: ____/____/____
Date of Birth: ____/____/____
Date of Death: ____/____/____

*If you have any addition lineages please list them on the back of this page (or on a separate page for scanning if you will be submitting your application via electronic mail).

**Please allow adequate time for your application to be process, you will be notified of the status once processing is complete and voted on at our next monthly business meeting by our present membership.

I hereby certify that all information provided on this application is true and correct to the best of my knowledge and understand that any false information of material facts will subject me to disqualification in the membership process.

APPLICANTS SIGNATURE IN FULL
(No Electronic Signatures)

DATE

PARENT OR GUARDIAN SIGNATURE IN FULL
(If applicant is a minor)

-FOR OFFICIAL USE ONLY-

Genealogist Initial Proof of Lineage verified by genealogist.

Secretary Initial Voted on and approved by the membership

Date approved: ____/____/____