



## SONS AND DAUGHTERS OF PEARL HARBOR SURVIVORS, INC.

### INSTRUCTIONS for filling out the LINEAGE Membership Application FORM

1. Use this form for Lineal Membership or Minor Lineal Membership, under the age of 18 (blood line as a son, daughter or grandchild) and for Collateral Membership (blood line as a nephew or niece), and for Associate Membership (step-son, step-daughter, step-grandson, step-granddaughter). *Do not use this form for SDPHS spouse, PHSA member, or PHSA spouse.*
2. List your complete name, including middle name. Married women should include their maiden name.
3. List complete places and dates whenever possible. Use the three-letter abbreviation for the months, rather than a number (for example, 7 Dec 1941.)
4. Fill out each generation back to the Pearl Harbor survivor.
  - A. Circle whether the relationship to the Pearl Harbor survivor is lineal (L), step-child (S), or adoption (A).
  - B. Check to indicate son or daughter.
  - C. For the next generation, repeat the name of the parent in the direct line after “The said” and indicate the relationship son or daughter or brother or sister or step-son or step-daughter.
  - D. Last generation to include is the Pearl Harbor survivor. If more than one generation qualifies, include information on both generations.
5. Attach photocopies of documents to your application:
  - A. Copy of Pearl Harbor survivor’s PHSA membership card or a copy of DD-214 form or other proof of service on December 7, 1941.
  - B. Lineage proof needed for all relationships:
    - (1) Birth certificates for you and each direct line ancestor to Pearl Harbor survivor.
    - (2) If step-child, also include proof of marriage of blood parent to Pearl Harbor survivor or to SDPHS member.
    - (3) If adopted, also include adoption papers showing your relationship to the Pearl Harbor survivor if your birth certificate has not been amended to reflect the adoption.
    - (4) If name is changed from birth certificate, provide proof of change (i.e. marriage certificate.)
    - (5) If niece or nephew, include birth certificates of both the sibling (brother or sister) and survivor proving common parentage.

SIGN AND DATE THE APPLICATION ON THE LAST PAGE

*Contact the National Registrar if you have any questions.  
Linda Hooks (419) 526-0079 or [sixteenpaws@neo.rr.com](mailto:sixteenpaws@neo.rr.com)*

Name: \_\_\_\_\_  
Last, First Middle

Membership ID: \_\_\_\_\_  
Approval Date: \_\_\_\_\_  
Check #: \_\_\_\_\_

*For Office Use Only*

**SONS AND DAUGHTERS OF PEARL HARBOR SURVIVORS, INC.  
APPLICATION FOR LINEAL, MINOR LINEAL OR COLLATERAL MEMBERSHIP**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last Maiden First Middle

**Name desired for Membership Card if different from above** \_\_\_\_\_

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widow/Widower \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street APT. Number  
\_\_\_\_\_  
City State Zip Code

**CHILDREN** (Full names and birthday) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURVIVOR'S SERVICE**

The **Pearl Harbor survivor** \_\_\_\_\_ through whom  
Full Name

I claim membership is/was my \_\_\_\_\_.

Pearl Harbor Survivors Association, Inc. membership number \_\_\_\_\_

PHSA Chapter Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Ship, Station, or Unit on December 7, 1941: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Give a brief account of experience on December 7, 1941 (if known).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on an attached page if needed)

**Name:** \_\_\_\_\_  
Last, First Middle

**FILL IN LINEAGE UP TO AND INCLUDING PEARL HARBOR SURVIVOR**

Provide copies of source for each statement of Birth to show connections between generations from the applicant (begin with you as #1) through to the generation of the Pearl Harbor survivor.

1. I, \_\_\_\_\_  
was born on \_\_\_\_\_ where \_\_\_\_\_  
married to \_\_\_\_\_ where \_\_\_\_\_ date \_\_\_\_\_

**NOTE:** *L – Lineal, S - Step-child of a Pearl Harbor survivor or of a SDPHS member, A - Adopted child of a Pearl Harbor survivor*  
*Circle One*

2. I am the ( L, S, A ) son \_\_\_ daughter \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

3. The said \_\_\_\_\_ was the *Circle One* (L, S, A)  
son \_\_\_ daughter \_\_\_ brother \_\_\_ sister \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name ) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

4. The said \_\_\_\_\_ was the *Circle One* (L, S, A)  
son \_\_\_ daughter \_\_\_ brother \_\_\_ sister \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last, First Middle

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5. The said \_\_\_\_\_ was the *Circle One* (L, S, A)  
son \_\_\_ daughter \_\_\_ brother \_\_\_ sister \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name ) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

6. The said \_\_\_\_\_ was the *Circle One* (L, S, A)  
son \_\_\_ daughter \_\_\_ brother \_\_\_ sister \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name ) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

7. The said \_\_\_\_\_ was the *Circle One* (L, S, A)  
son \_\_\_ daughter \_\_\_ brother \_\_\_ sister \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name ) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

8. The said \_\_\_\_\_ was the *Circle One* (L, S, A)  
son \_\_\_ daughter \_\_\_ brother \_\_\_ sister \_\_\_ of \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_  
and (wife with maiden name ) \_\_\_\_\_  
born \_\_\_\_\_ where \_\_\_\_\_ died \_\_\_\_\_ where \_\_\_\_\_

**SDPHS MEMBER PROFILE**

**This Form to be completed and returned with Application for Membership**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children's Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Other Affiliations (Lodges, Clubs, Societies and Offices):

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Special Awards and Achievements:

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\_\_\_\_\_  
Signature

## I AM A SURVIVOR, TOO

I was on Oahu within 3 miles of the attack on December 7, 1941. Yes\_\_\_\_ No \_\_\_\_\_

As a military dependent \_\_\_\_\_ Other\_\_\_\_\_

*Please attach a brief account of your experience on December 7, 1941.*

**I, the undersigned, understand that membership in the Sons and Daughters of Pearl Harbor Survivors, Inc. means a commitment to keep alive the memory of Pearl Harbor and the memory of the men and women of the Armed Forces of the United States of America serving there on December 7, 1941; to maintain true allegiance to the government of the United States of America; to foster true patriotism; and to preserve and defend the United States of America from her enemies.**

SIGNED THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE



\_\_\_\_\_  
SIGNATURE OF REGISTRAR

\_\_\_\_\_  
DATE

***“PEARL HARBOR – DECEMBER 7, 1941 – LEST WE FORGET”***

### **MEMBERSHIP APPLICATION FEE**

**Lineal and Collateral: \$40.00 Minor Lineal (under 18 yrs.): \$10.00  
(Includes Application Fee, Dues, and SDPHS National Newsletter for one year)**

**ANNUAL DUES PERIOD: December 7 to December 6 of the following year.**

**MAKE ALL CHECKS PAYABLE TO: SDPHS, Inc.**

**RETURN COMPLETED APPLICATION WITH MEMBERSHIP FEE TO:**

**SDPHS, Inc.  
1414 Woodville Road  
Mansfield, OH 44903-9478**