



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 dogsxthree@yahoo.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

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):

Special Awards and Achievements:

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**