

	<h2 style="margin: 0;">Hillsborough County Century Families</h2> <h3 style="margin: 0;">The Florida Genealogical Society (Tampa)</h3> <h2 style="margin: 10px 0 0 0;">Application and Inventory of Documents</h2>	
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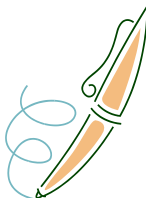
### Contact Information

#### Applicant Information

(Please type or print requested information.)

Name:					
Address:					
City:		State:		Zip +4:	
Telephone:	(    )	Email:			

### HCCF Descendant Certification Affidavit

<input type="checkbox"/>	I, the undersigned, hereby make application for the issuance of a Hillsborough County Century Families certificate, by right of descent from the HCCF Ancestor named within this application, who resided in Hillsborough County over 100 years ago and settled within the present boundaries of the Hillsborough County.
<input type="checkbox"/>	I further acknowledge that all materials submitted become the property of the Florida Genealogical Society (Tampa) and I hereby give my permission to publish said information. I understand that copies of this application and the supporting documentation are located at the Florida History and Genealogical Library located in the John F. Germany Public Library, Tampa, Florida and may be used by other researchers and may be accessible to the general public.
	<p>Signature of Applicant Above</p> <p>Date:</p>



Ancestor ID: \_\_\_\_\_ (Assigned by FGS Tampa)

## Certificate Application

Name: \_\_\_\_\_

Print Name of Applicant

## Line of Descent Chart

Generation 1		(Proven)			(Proven)
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		
Generation 2		(Proven)			(Proven)
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		
Generation 3		(Proven)			(Proven)
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		
Generation 4		(Proven)			(Proven)
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		

Ancestor ID: \_\_\_\_\_ (Assigned by FGS Tampa)

<b>Generation 5</b>		<b>(Proven)</b>			<b>(Proven)</b>
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		
<b>Generation 6</b>		<b>(Proven)</b>			<b>(Proven)</b>
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		
<b>Generation 7</b>		<b>(Proven)</b>			<b>(Proven)</b>
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		
<b>Generation 8</b>		<b>(Proven)</b>			<b>(Proven)</b>
Ancestor Name:		<input type="checkbox"/>	Spouse Name:		<input type="checkbox"/>
Birth Date:		<input type="checkbox"/>	Birth Date:		<input type="checkbox"/>
Birth Location:		<input type="checkbox"/>	Birth Location:		<input type="checkbox"/>
Marriage Date:		<input type="checkbox"/>			
Marriage Location:		<input type="checkbox"/>			
Death Date:		<input type="checkbox"/>	Death Date:		
Death Location:		<input type="checkbox"/>	Death Location:		



Ancestor ID: \_\_\_\_\_ (Assigned by FGS Tampa)

<b>Inventory of Documents</b>		
Document Number	Type of Document	What the document establishes and source citation

<b>Additional Notes</b>