



MAIL THIS FORM TO:

National Society Daughters of the American Revolution
Office of the Registrar General
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Please send me a copy of the papers for the following DAR member:

First Name	Middle Name	Maiden	Last Name
_____	_____	_____	_____

National Number	Chapter/State	<input type="checkbox"/> Deceased	Patriot/Ancessor Name
_____	_____	_____	_____

OR

Please send me the latest long form application filed on:

Patriot/Ancessor Name	Date of Birth	Date of Death	State of Service
_____	_____	_____	_____

Spouse Name	Child's Name
_____	_____

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