

## LITHUANIAN GRAND DUCHY COMMUNITY OF NOBLES DESCENDANTS

Date of Application: \_\_\_\_\_(dd/mm/yyyy)

With the express purpose of creating a database of newly registered Community of Nobles Descendants of the Lithuanian Grand Duchy members, we ask all members to fill in the following form with your genealogic data:

First Name	Middle Name or Initial	Last Name/Surname	Suffix (Sr/Jr/etc.)	(in caps)	
Current Addres	SS				
Telephone			E-mail address		
Additional con	tact information (optional)				
Your date and place of birth			Father's Full Name (First, Middle, Last/Surname		
			Mother's Full Name (First, M	iddle, Maiden Name)	
Employm	ent				
	[Place of work.	title, duties, telephone and	other contacts (e-mail)]		
Education	۱				
	[Degree(s), Date degree(s)	received, institution, profess	sion/educational memberships, e	c]	

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## APPLICATION FOR MEMBERSHIP IN THE LGD COMMUNITY OF NOBLES DESCENDANTS

Date of Application: \_\_\_\_\_ (dd/mm/yyyy)

Please enroll me into the LGD community of Nobles Descendants. I have read the terms of agreement, regulations, society bylaws and program of activity of the community. There is an initial entry fee of 50 Lt and once approved for membership a yearly membership fee of 50 Lt.

Signature

COMMUNITY OF NOBLES DESCENDANTS (Internal Use Only)

The Board of the LGD CND

Date of Receipt of Application: \_\_\_\_\_\_(dd/mm/yyyy)

The above application has been reviewed by the CND Board, which has accepted the aforementioned applicant

Signature

\_\_\_\_\_(Applicant's Name) as a member

of the COMMUNITY OF NOBLES DESCENDANTS

THE LGD CND Commission for Document Acceptance/Verification

Chairperson \_\_\_\_ Full Name

Entry/Membership Fee \_\_\_\_\_ (Lt) PAID

Payment Received:\_\_\_\_\_(dd/mm/yyyy)

Check Nr.

Payment Received by \_\_\_\_\_\_

Position/Duty

Signature

## APPLICATION FOR A CERTIFICATE OF ORIGIN

(Confirm genealogical tree, lineage chart)

Date of Application:			(dd/mm/yyyy)	
First Name	Middle Name or Initial	Last Name/Surname	Suffix (Sr/Jr/etc.)	(in caps)
Current Addres	35			
Telephone			E-mail address	
Your date and place of birth			Father's Full Name (First, Middle, Last/Surname)	
			Mother's Full Name (First, M	iddle, Maiden Name)
I agree that	at my personal data sł	nall be used to proc	ess the request.	
		Signature		
using the		led, showing my or	enealogical tree, Linea rigin. Please enter the	
		family name, coat or arms (	in caps)	
		Signature		
No. regist	er			
Conclusio	on of the Commission	:		
	Date and number of t	he protocol, Name, surname	and signature of chairperson	
Paid:		No.)		