



Military Order of the Stars and Bars

Instructions for Completing the Membership Application

The Military Order of the Stars and Bars (MOSB) is a genealogical organization and applicants must locate a qualifying ancestor in your lineage, either direct or collateral to gain membership. Qualifying ancestors will have been an Officer, Surgeon, or Chaplain in the Confederate States Army, Navy, or Marine Corps, or an elected or appointed public official in the years 1861 – 1865. Each ancestor must have served honorably and can have terminated their service either by KIA, resignation, paroled after wars end, or captured.

Things to Consider When Completing Your Application:

1. Handwritten applications are not acceptable as our application is downloadable and is an auto form filled format.
2. Legal size or double-sided pages will NOT be accepted. All applications must be “8.5 x 11” (letter size).
3. Incomplete applications are NOT accepted.
4. Always begin with a legible copy of your birth certificate.
5. For collateral applications once you reach the MRCA (Most Recent Common Ancestor), i.e.: grandparents that you share with your ancestor), please **mark the ancestor “MRCA”** as this is very important for application review.
6. On page 2, is listed “Degree of Relatedness to Confederate Ancestor”. For example, (5C5R, fifth cousin five times removed). If you are having difficulty determining your relationship to your ancestor, there is a “Cousin Calculator” free on the web at www.cousincountry.com that can determine your relationship and is self-explanatory on this site.
7. The application provides for up to 9 generations. If your ancestor exceeds 9 generations, you can add further generations by recycling page 4 of the application and edit the generational numbers and page numbers using a black Sharpie marker.
8. PROOFS: Only primary documentation is acceptable when providing a proof for each ancestral generation. Some examples are birth/death certificates, census records, will/probate records, historical/genealogical books and biographies, Bible records, burial records naming parents and children, Fold3 military records, and biographies from local

historical societies are all acceptable. Find-A-Grave is not an acceptable source. One proof/source per generation is required.

9. If applying for a LEGACY APPLICATION (joining on a father, brother, grandfather that is already a member), please provide the family member's MOSB # and proofs connecting you TO THAT FAMILY MEMBER ONLY. That family member's lineage has already been verified and all that is necessary is your proof of relationship to that family member.
10. SUPPLEMENTAL certificates: If applying for a supplemental (additional qualifying ancestor that served the CSA), these can be approved by the Society Genealogist. Once approved by the Society Genealogist, submit application and proofs/sources to MOSB HQ via email and in a PDF format. Your Society Genealogist will arrange to have the hard copy of your application sent to the MOSB Archivist General.
11. Each application must be signed by the applicant, a recommending member, a local chapter officer, and the Society Genealogist or Society Commander. If you have contacted our International Headquarters:
headquarters@militaryorderofthestarsandbars.org and a local chapter is unavailable, please send the application and all supporting documents along with the membership fee (make check payable to MOSB) and mail to: Military Order of the Stars and Bars, PO Box 18901, Raleigh, NC 27619-8901.
12. **Please send one check for each application** as multiple applications on the same check are not acceptable.

Genealogy is supposed to be fun and is not an exact science by any means. Our Society Genealogists strive to make our application process go as smoothly as possible. There are different levels of genealogy research, and we endeavor to work with everyone. If you have questions, please feel free to contact me! My motto is: "The only dumb question you ask is the one you don't!"

W. Kevin Hawkins

Genealogist General
Military Order of the Stars and Bars
Email: wkevinhawkins@gmail.com



Military Order of the Stars and Bars

Application for Membership

For MOS&B IHQ Use: National Society #: _____ Name: _____ (last)(first)(middle)(suffix) Date Received: _____ Date Approved: _____

Applicant Name: _____
(Prefix) (Last) (First) (Middle) (Suffix)

Check One:

Local Chapter: State: _____ Chapter Number or Name: _____

National At-Large Chapter

Check One: Note: These dues do not include any state society or local chapter dues that may apply.

Annual Member - \$60

Legacy Member - \$50

(Joining on the record of a direct relationship with an existing member; e.g., father, grandfather, and brother)

Member Number & Name _____

Supplemental Confederate Relation - \$20 - MOSB Membership Number: _____

(Honoring an additional relation)

Life Member - See Schedule Below

Life Membership Schedule (check or fill in all appropriate boxes below based on age)

Under Age 20	\$1,000
Age 20 - 29	\$900
Age 30 - 39	\$800
Age 40 - 49	\$700
Age 50 - 59	\$600
Age 60 - 69	\$500
Age 70 +	\$400

Life Memberships

NOTE: The life membership fee is subject to change within a sixty (60) days posted notice in *Officer's Call* newsletter or by the General Executive Council notice. Any changes in cost will not affect those who are already Life Members. National life memberships do not extend to state society and local chapter dues. Your state society may also have a society lifetime membership - check with your Society Adjutant, if interested.

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Applicant

Full Name: _____
Mailing Address: _____
Mailing Address 2: _____
City: _____
State: _____
Country: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Confederate Relation

Rank/Title: _____
First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Unit: _____
State: _____
Dates of Service: _____
From (MM/DD/YY) To (MM/DD/YY)

Status at end of War: _____
(Paroled, KIA, MIA, Resigned, Dead)

Degree of Relatedness to Confederate: _____
(Example: 2GGSON; 2 GGNEPHEW; 5C5R)

NOTE: Applications establishing a blood relationship through a statement of cousin relatedness need to provide the specific degree of relatedness, e.g. 5C5R. In those situations the lineage must be stated to the Most Recent Common Ancestor (MRCA) from the applicant and then also traced from the Confederate relation backward to the MRCA. In those situations the lineage documentation must be adapted to reflect both lineages. For Collateral relationship to one of the following: President Davis or Generals Lee, Jackson, Forrest & Stuart, it is necessary to show your blood relationship to one of the qualifying ancestors shown in the **MOS&B Collaterals** database.

Lineage Documentation - **PROVIDE COPIES OF ALL CITED PROOFS:** For Collateral Relationships provide a duplicate set of lineage papers from the qualifying relation back to the MRCA stated at the ending generation of the first set of lineage papers.

Generation No.1

My Full Name _____
My Date of Birth _____
My Place of Birth (city, county, state) _____
My Wife's Full Maiden Name _____
Our Marriage Date _____
Our Marriage Place _____
Proofs _____

Generation No. 2

My Father's Full Name _____
My Father's Date of Birth _____
My Father's Place of Birth _____
My Father's Date of Death _____
My Father's Place of Death _____
My Mother's Full Maiden Name _____
My Mother's Date of Birth _____
My Mother's Place of Birth _____
My Mother's Date of Death _____
My Mother's Place of Death _____
My Parent's Date of Marriage _____
My Parent's Place of Marriage _____
Proofs _____

Generation No. 3

Father's Full Name _____
Father's Date of Birth _____
Father's Place of Birth _____
Father's Date of Death _____
Father's Place of Death _____
Mother's Full Maiden Name _____
Mother's Date of Birth _____
Mother's Place of Birth _____
Mother's Date of Death _____
Mother's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 4

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 5

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 6

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 7

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 8

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 9

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

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Declaration

I declare upon my honor and upon that of my Confederate relation that the above information provided by me for membership, is true and correct to the best of my knowledge and belief. I shall, if admitted to membership, support the Constitution and Bylaws of the Military Order of the Stars and Bars, and faithfully discharge any duties to which I may be called upon to execute as a member or officer.

Applicant's printed name _____
Applicant's signature _____
Date of application _____

Required approval information for local chapter applications

Recommending member's printed name _____
Chapter _____ Mbr. Number _____
Society _____ Date _____
Signature _____

Reviewing chapter officer's/genealogist printed name _____
Title _____
Chapter _____ Mbr. Number _____
Society _____ Date _____
Signature _____

Reviewing Society Genealogist or Commander

Officer's Name _____
Chapter _____ Mbr. Number _____
Society _____ Date _____
Signature _____

The IHQ and/or Genealogist General will contact the applicant directly regarding questions with the application unless the applicant designates a representative for the Genealogist General to communicate with by providing the representative's name and e-mail below.

Contact name: _____ E-mail: _____

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For MOSB Genealogist

Reviewing Genealogist General's Printed Name _____

Signature _____ Date _____

Notification Information

New Member Package should be mailed to:

Name _____

Address _____

City _____ State _____

Country _____ Zip Code _____

Upon IHQ approval of application, please notify the following (email address must be listed below):

Chapter Adjutant: _____

Chapter Commander: _____

State Society Adjutant: _____

State Society Commander: _____

State Society Genealogist: _____

Other: _____

Other: _____

How did you hear about the Military Order of the Stars and Bars?

Magazine advertisement (please provide magazine's name and issue date): _____

From existing member (please provide member's name): _____

From another heritage/military society (please provide Society's name): _____

From other source (please describe): _____

As a military heritage group, we would like to know if you are a veteran and some facts about your service.

If needed, please attached additional information to this application.

Branch of service: _____

Time period(s) served (year enlisted: _____ Year separated/retired: _____)

Conflict(s) served in: _____ Combat zone: _____

Highest rank: _____ Currently serving? ____ Yes ____ No

Combat awards (please list on the next page)

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List your Military Service/Combat Awards

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

**Submit your completed application including legible copies of all supporting documentation
along with check (made payable to the MOSB) to the MOSB IHQ.**