SONS AND DAUGHTERS
OF
PEARL HARBOR SURVIVORS, INC.

INSTRUCTIONS for filling out this 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). *Do not use this form for SDPHS spouse, PHSA member, PHSA spouse or Associate membership.*

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 was a Pearl Harbor Survivor, 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 their military discharge document (after 1950 called the DD-214) 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, 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 their common parentage.

BE CERTAIN TO SIGN AND DATE THE APPLICATION ON PAGE 4

Contact the National Registrar if you have any questions.
Joanne Adams (858) 273-1036 or joedy@san.rr.com
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 Full Name

whom 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 of an attached page if needed)
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 ________________________________________________________ date __________

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 ______________
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
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                              SDPHS CORPORATE SEAL

“PEARL HARBOR - DECEMBER 7, 1941 - LEST WE FORGET”

NATIONAL ANNUAL DUES
December 7 thru December 6 of the following year.
Lineal and Collateral: $15.00 Minor Lineal: $5.00

MEMBERSHIP FEE
Lineal and Collateral: $40.00 Minor Lineal (under the age of 18): $10.00
(Includes Application Fee, Dues, and SDPHS National Newsletter for one year)
MAKE CHECK PAYABLE TO: SDPHS, Inc

RETURN COMPLETED APPLICATION WITH MEMBERSHIP FEE TO:

SDPHS, Inc.
4065 Paducah Drive
San Diego, CA 92117-5321
THIS FORM IS TO BE FILLED OUT AND RETURNED WITH YOUR APPLICATION FOR MEMBERSHIP

SDPHS MEMBER PROFILE

Name:____________________________________________________________________________________
Telephone: (_______) ________________________         Cell: (_______) _____________________________
Address: ___________________________________ City: ______________________ State:___ Zip: ________
E-Mail Address: ____________________________________________________________________________
Birth Date: _______________ Birth Place: _______________________________________________________
Spouse’s Name:_____________________________________________________________________________
Children’s Name(s): _____________________________________________ Date of Birth: ____________
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

SDPHS Form 7 (Rev. 12/11)

“Pearl Harbor ~ December 7, 1941 ~ Lest We Forget”