



## 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. All candidates and members of the Order shall be of the male gender determined at birth, (that is possessing the XY chromosome pair) and shall continue to identify as a male during the duration of their membership in the Order and be (a) legitimate descendants, lineal or collateral, of those who served as officers in the Confederate Army or Navy to the end of the war, or who died in prison or while in actual service, or who were killed in battle, or who were honorably retired or discharged; or (b) elected or appointed civilian officials of the Confederate States and local governments; the national Confederate Government; or the Five Civilized Tribes which allied with the Confederacy provided that the first-generation descendant was the legitimate child of a Confederate ancestor. Each applicant must locate a qualifying ancestor in your lineage, either direct or collateral to gain membership.

### 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 shall 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 and then continue the generations to your confederate ancestor.
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](http://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 GHQ via email and in a PDF format.
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](mailto: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 697, Nixa, MO 65714-0697.
12. **Please send one check for each application** as multiple applications on the same check are not acceptable.
13. All applicants are subject to a background check.

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](mailto:wkevinhawkins@gmail.com)



**Military Order of the Stars and Bars - Application for Membership - Page 2**

**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 GHQ 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: \_\_\_\_\_

# Military Order of the Stars and Bars - Application for Membership - Page 8

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 GHQ 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:**

**MOSB GHQ  
PO Box 697  
Nixa, MO 65714**