



Certificate Application

Please select one: ☐ Pioneer Certificate (in Idaho before 1890)
☐ Early Settler (in Idaho before 31 Dec 1900)

A. Name of Applicant: _____

Name as it is to appear on certificate (one name only):	
Mailing Address:	
City-State-Zip:	
Phone:	Email address:

B. Ancestor, as name is to appear on certificate

Name of qualifying ancestor:	
Birth (date & place):	Death (date & place):
Baptism (date & place):	Burial (date & place):
Marriage (date & place):	Spouse's name (maiden, if applicable):
Spouse birth (date & place):	Spouse death (date & place):
Where in Idaho did ancestor settle? Be as specific as possible.	
Emigrated from? Be as specific as possible.	

C. Complete pedigree chart (next page) and return it with this application.

D. Complete the following information EXACTLY as you want it to appear on the certificate. If incomplete or inaccurate, your certificate may be delayed or incorrect.

This is to certify that
is a descendant of
who lived in Idaho (check one) ☐ prior to 1890 –OR– ☐ settled in Idaho between 1890 and 1901

E. Release

I release all information included in my application to the potential and future publishing efforts of the Idaho Genealogical Society.

Signature: _____ Date: _____

For IGS Use Only	
File Number	
Name of ancestor	
Date returned for additional data	
Date certificate issued	



Pedigree Chart

I am applying for ☐ Pioneer Certificate(s) ☐ Early Settler Certificate(s)

Begin the chart with yourself as #1 — and be sure to fill in all the blanks.-

If requesting certificates for multiple individuals who share the same direct lineage (for example, your children), complete an "Additional Certificate Request" form for each one.

1. I, (name) _____ was born on: (date) _____

at: (place) _____ (county) _____ (state) _____

Source of proof: _____

2. Child of (name):	Married to:
Born (date):	Place:
Married (date):	Place:
Died (date):	Place:
Source of proof:	
3. Child of (name):	Married to:
Born (date):	Place:
Married (date):	Place:
Died (date):	Place:
Source of proof:	
4. Child of (name):	Married to:
Born (date):	Place:
Married (date):	Place:
Died (date):	Place:
Source of proof:	
5. Child of (name):	Married to:
Born (date):	Place:
Married (date):	Place:
Died (date):	Place:
Source of proof:	
6. Child of (name):	Married to:
Born (date):	Place:
Married (date):	Place:
Died (date):	Place:
Source of proof:	
7. Child of (name):	Married to:
Born (date):	Place:
Married (date):	Place:
Died (date):	Place:
Source of proof:	

Please number proofs to correspond to generation numbers. Each step must be proven. This form must accompany application form and proofs.

Signature of Applicant:		Date:
Address:		
Phone:	Email:	