

REAL GRANDSON MEDAL APPLICATION



Please select the specific medal which you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Real Grandson (fill out Sections 1-3) No fee. | <input type="checkbox"/> Real Great Great Great Grandson (fill out Sections 1-6) \$75 fee |
| <input type="checkbox"/> Real Great Grandson (fill out Sections 1-4) No fee. | <input type="checkbox"/> Real Great Great Great Great Grandson (fill out Sections 1-7) \$75 fee |
| <input type="checkbox"/> Real Great Great Grandson (fill out Sections 1-5) \$75 fee | <input type="checkbox"/> Supplemental Form (complete appropriate sections for relationship) \$25 fee |

Medal Award # Member's MOSB # Fee Enclosed:

Member's Full Name:

FIRST MIDDLE LAST SUFFIX

Address:

CITY STATE ZIP E-Mail

RECORD OF CONFEDERATE ANCESTRY

ANCESTOR'S NAME

RANK/TITLE

SERVED IN CONFEDERATE STATES
(ARMY, NAVY OR CIVIL GOVERNMENT)

COMPANY

REGIMENT

DEPARTMENT (ATM, AOT, ANV)

CONFEDERATE SERVICE DATE

AT:

HONORABLY DISCHARGED AT

STATE

DATE

186

SERVED UNDER THE COMMAND OF:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE AND MY LINEAGE ATTACHED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE

CHAPTER CERTIFICATE OF RECOMMENDATION



Only to be used if the applicant is associated with an active Chapter.

	OF		
NAME	TITLE	CHAPTER NAME	CHAPTER #
	DO CERTIFY THAT		
STATE	NAME OF APPLICANT		

(is a member in good standing and that I have inspected personally, the required proof of the applicant of the MOS&B Real Grandson/Real Great Grandson/Real Great-Great Grandson/Real-Great Great Great Grandson Medal and I am satisfied as to his eligibility and I recommend the award of the decoration.

Adjutant Commander	Date

CERTIFICATE OF APPROVAL BY THE GENERAL ORGANIZATION

By authority of the General Organization, Military Order of the Stars and Bars, the award of this ancestry medal to the above member is approved.

Real Grandson Committee Chairman	Date

LINEAGE DOCUMENTATION FORM

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SECTION

THIS DOCUMENT IS TO BE PERMANENTLY KEPT WITH THE APPLICATION

#1

I AM

APPLICANT'S NAME	BORN	WHERE
APPLICANT'S WIFE'S MAIDEN NAME	BORN	WHERE
DATE	WHERE	DIED
WHERE	WHERE	

PROOF

#2

I AM THE SON OF

FATHER'S NAME	BORN	WHERE
MOTHER'S MAIDEN NAME	BORN	WHERE
DATE	WHERE	DIED
WHERE	WHERE	

PROOF

SECTION # 3

MY WAS THE OF

FATHER/MOTHER SON/DAUGHTER/BROTHER/SISTER

NAME BORN WHERE

WIFE'S MAIDEN NAME DIED WHERE

MARRIED

DATE WHERE DIED WHERE

PROOF

(STOP AT SECTION #3 IF APPLYING FOR THE REAL GRANDSON MEDAL)

4

MY ANCESTOR WAS THE OF

SON/DAUGHTER/BROTHER/SISTER

NAME BORN WHERE

page 3

DIED WHERE

WIFE'S MAIDEN NAME BORN WHERE

MARRIED

DATE WHERE DIED WHERE

PROOF

(STOP AT SECTION #4 IF APPLYING FOR THE REAL GREAT GRANDSON MEDAL)

5

MY ANCESTOR WAS THE OF

SON/DAUGHTER/BROTHER/SISTER

NAME BORN WHERE

DIED WHERE

WIFE'S MAIDEN NAME BORN WHERE

MARRIED

DATE WHERE DIED WHERE

PROOF

(STOP AT SECTION #5 IF APPLYING FOR THE REAL GREAT-GREAT GRANDSON MEDAL)

**SECTION
#6**

MY ANCESTOR

WAS THE

OF

SON/DAUGHTER/BROTHER/SISTER

NAME

BORN

WHERE

DIED

WHERE

WIFE'S MAIDEN NAME

BORN

WHERE

MARRIED

DATE

WHERE

DIED

WHERE

PROOF

(STOP AT SECTION #6 IF APPLYING FOR THE REAL GREAT-GREAT-GREAT GRANDSON MEDAL)

#7

MY ANCESTOR

WAS THE

OF

SON/DAUGHTER/BROTHER/SISTER

NAME

BORN

WHERE

DIED

WHERE

WIFE'S MAIDEN NAME

BORN

WHERE

MARRIED

DATE

WHERE

DIED

WHERE

PROOF

(Complete all sections if applying for the Real Great-Great-Great-Great Grandson Medal)

Fees effective August 1, 2024

Note: Supplemental includes certificate and star to place on appropriate ribbon.

Mail completed application & check to:

PCG J. Troy Massey

P.O. Box 536

Harrison, AR 72602-0536

Make checks payable to: MOSB