

The Mayflower Society  
Preliminary Mayflower Descendant Review Form  
Please Print Clearly

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Required for a Supplemental Line:

GMSD No. \_\_\_\_\_ AND Idaho State No. \_\_\_\_\_

(1) Name Your Mayflower Pilgrim Ancestor \_\_\_\_\_

(2) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(3) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(4) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(5) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(6) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(7) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(8) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(9) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(10) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(11) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(12) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(13) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(14) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(15) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

(16) Son/Daughter: \_\_\_\_\_ Married: \_\_\_\_\_

Your name should be last