CLAN CAMPBELL SOCIETY
(North America)

Genealogy Data Form

Chief: The Duke of Argyll
Mac Cailein Mor

www.CCSNA.org

Full Name of Applicant _____
Last *First* *Middle*

Address _____ *Apt.* _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Email _____ CCSNA #: _____

Full Name of Spouse _____
Last *First* *Middle* *(Maiden)*

Former Spouses (A) _____ *(B)* _____

For Our Genealogical Record – List **ALL** *Children:* Please format all dates: Day - MONTH - Year

	NAMES OF CHILDREN	BIRTHDATE *(DD-Month-YYYY)*	PLACE *Town, County, State or Province*	WHICH SPOUSE *(if remarried)*
1.				
2.				
3.				
4.				
5.				

Use additional sheet, if necessary

Signature _____ *Date:* _____

For Office Use Only

_____

_____

_____

Please complete all pages, then print, scan and email tthe form to:

CLAN CAMPBELL SOCIETY
(NA) CampbellGenealogy@ccsna.org

Genealogical Information

Please provide as much information as you can for our genealogical files. Further information is welcome at any time.

Please format all dates: Day - MONTH - Year

CAMPBELL or SEPT SIDE

SPOUSE (Use Maiden Name)

SELF

Name _____ Name _____

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Married: Date _____ Place _____

Death: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

This Person's Parents Were

PARENTS

Name _____ Name _____

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Married: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death:Date _____ ((DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ Place _____

This Person's Parents Were

GRANDPARENTS

Name _____ Name _____

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Married: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ Place _____

This Person's Parents Were

GREAT GRANDPARENTS

Name _____ Name _____

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Married: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ Place _____

This Person's Parents Were

2 x GREAT GRANDPARENTS

Name _____ Name _____

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Married: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ Place _____

This Person's Parents Were

3 x GREAT GRANDPARENTS

Name _____ Name _____

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Birth: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Married: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Death: Date _____ (DD-MONTH-YYYY) Place _____ (Town, County, State or Province)

Genealogical Information (continued)

Please format all dates: Day - MONTH - Year

This Person's Parents Were

4x GREAT GRANDPARENTS

Name		Name
Birth: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)		Birth: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)
Married: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)		Death: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)
Death: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)		

This Person's Parents Were

5x GREAT GRANDPARENTS

Name		Name
Birth: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)		Birth: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)
Married: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)		Death: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)
Death: Date (DD-MONTH-YYYY) Place (Town, County, State or Province)		

***Use additional sheet, if necessary**

Campbell DNA Project

Optional Genetic Genealogical Information

1. *Have you engaged in any DNA testing?* _____
    a. *If yes, what type of testing?* _____
    b. *What is your Y-DNA haplogroup?* _____
    c. *What is your MtDNA haplogroup?* _____
    d. *Are you a member of the FTDNA Clan Campbell DNA Project (Y-DNA)?* _____
        i. *If yes, what is your Kit Number* _____
    e. *Are you a member of the Campbell Ancestry GEDMatch Project (atDNA)?* _____
        i. *If yes, what is your Kit Number* _____

2. *Who is your earliest known **verified** Campbell ancestor?* _____

    Location _____ *Documentary evidence* _____

3. *Would you be interested in being contacted by a member of the Campbell DNA team to provide you with information on DNA testing options, upgrades or further information on the Campbell DNA Project?*

    _____