

# THE CLAN CAMPBELL SOCIETY

(North America)

Chief:  
The Duke of Argyll  
Mac Caillein Mor

Visit our website at [www.CCSNA.org](http://www.CCSNA.org)



## GENEALOGY DATA FORM

FULL NAME OF APPLICANT \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

FORMER SPOUSES (A) \_\_\_\_\_ (B) \_\_\_\_\_

### FOR OUR GENEALOGICAL RECORD, LIST ALL CHILDREN

M/F	NAMES OF CHILDREN	BIRTHDATE <i>(Abbreviate Month)</i>	PLACE <i>Town, County, State or Province</i>	WHICH SPOUSE <i>(if remarried)</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Use additional sheet, if necessary

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Date Genealogy Data Entered _____
_____
_____
_____

COMPLETE BOTH SIDES  
AND MAIL TO:  
**CLAN CAMPBELL SOCIETY (NA)**  
**Ruby G. Campbell, Ph.D., FSA Scot**  
**3310 Fairway Drive**  
**Baton Rouge, LA 70809**

GENEALOGICAL DATA FORM - Cont'd.  
**GENEALOGICAL INFORMATION**

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

**CAMPBELL or SEPT SIDE**

**SPOUSE (Use Maiden Name)**

SELF

NAME \_\_\_\_\_

NAME \_\_\_\_\_

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

MARRIED: Date \_\_\_\_\_ Place \_\_\_\_\_

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

This Person's Parents Were

NAME \_\_\_\_\_

NAME \_\_\_\_\_

PARENTS

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

MARRIED: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

NAME \_\_\_\_\_

NAME \_\_\_\_\_

GRANDPARENTS

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

MARRIED: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

NAME \_\_\_\_\_

NAME \_\_\_\_\_

GREAT GRANDPARENTS

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

MARRIED: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

NAME \_\_\_\_\_

NAME \_\_\_\_\_

GREAT GREAT GRANDPARENTS

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
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(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

NAME \_\_\_\_\_

NAME \_\_\_\_\_

GR. GR. GREAT GRANDPARENTS

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

MARRIED: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

DEATH: Date \_\_\_\_\_ Place \_\_\_\_\_  
(Abbreviate Month) Town, County, State or Province

Use another sheet if needed.