



# RECORD COPY REQUEST FORM

National Society of the Sons of the American Revolution

809 West Main Street, Louisville, KY 40202

RecordCopy@sar.org or FAX: (502) 589-1671

(Please DO NOT send Credit Card information via email)

## NATIONAL POLICY:

- The NSSAR restricts fulfilling requests of application copies and ancestor information of living NSSAR members to:
  - Members of the NSSAR, NSDAR and N.S.C.A.R.
  - Prospective members of the NSSAR may order a record copy through a Chapter or State Registrar or other NSSAR member assisting them with an application.

- NOTE:**
- Only one (1) application copy request per form will be accepted.
  - All orders must be prepaid by one of the payment methods listed below and these fees are non-refundable.
  - By ordering a record copy, the requesting party certifies the record copy is to be used for genealogical or NSSAR membership purposes only.
  - **The Ancestor # (often referred to as the P-Number) from the Patriot Search site is not a National Number and cannot be used to order Record Copies.**

## INSTRUCTIONS:

1. Complete the section below, providing all known data, including any possible variant spellings.
2. Carefully print or type the name and address legibly. Any Request Form that cannot be read will be discarded.
3. DO NOT use this form for any research service requests other than for Record Copies of member applications. (All copies provided will be Record Copies, even if not so noted, as those are the only copies maintained by the National Society.)

Full Name of Member whose application is requested:			
NSSAR National Number:	Living	Deceased	Date of Death (if known):
Name of the State Society and Chapter:			
Revolutionary Ancestor from who descent was proved:			

## NAME AND ADDRESS OF REQUESTOR:

Name:		SAR/DAR Nat #:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone or Fax:	Email:

**FEE:** (Please check one)    Electronic copy \$10.00 (non-refundable) or    Mail or Fax copy \$15.00 (non-refundable)

## METHOD OF PAYMENT:

Cashier's Check    Money Order    Check (Payable to NSSAR)    Amount Enclosed:

Please charge my:    Visa    MasterCard    Discover    AmericanExpress

Card Number:	Expiration Date:	Security Code:
Signature:		Date of Signature:

The typed signature above is my authorized signature.

**Most Record Copy request will be processed within 1-2 business days, unless special circumstances require additional time**