Military Order of the Southern Cross in the Pacific Theater

Application Instructions

This is a PDF form-fill tab-and-type document and may be prepared on any computer using Adobe Acrobat software. If you do NOT have Adobe, please visit their website and download their program. The site is safe and the program is free. Most computers come with the software already installed.

Complete all fields on the first page, noting that there are pull-down menus in two places: one, to designate your relationship to your soldier (male or female), who served in the Pacific Theater, South of the Tropic of Cancer (including Hawaii) during World War II (1941-1945); and two, to select the branch of their military service.

Indicate whether this is your Preliminary Application or a Supplementary Application. All of the following instructions apply to both types.

Include your <u>FULL</u> name (<u>first, middle, maiden, last</u>), even if you do not use all of your names. This information is helpful when correctly identifying members in the event of moves, &c.

Enter your ZIP+4 and your telephone number <u>using hyphens only</u>. Telephone numbers and e-mail addresses are **NOT** optional. We will be communicating with our members electronically from time to time. Your information will NOT be sold.

For our purpose, the term "soldier" refers to soldiers, sailors, marines, airmen, and all other qualifying military personnel, male or female.

The proof of your soldier's service must be either a US Government Form WD AGO 53, Form WD AGO 55, or a Form DD 214. If you need to obtain a military record for your soldier, complete Form SF180, which may be found online by searching for "Request for World War II military records."

The Order allows for Lineal Descent OR Collateral Kinship to the SECOND degree. If you are a Lineal Descendant, complete ONLY pages 1-3. Begin with yourself and follow the blood line back to and including your qualifying ancestor. Not all genealogical blocks on pages 2 and 3 may be needed. If you are claiming Collateral Kinship, complete ALL pages of this application sufficient to prove that your qualifying soldier is descended from your common ancestor. Your common ancestor may be as far removed from you as your great-grandparent, but no further. This allows for kinship up to and including great-uncles, great-aunts, and first-cousins once removed (first-cousins of your parent who have at least one set of grandparents in common). Again, not all genealogical blocks may be needed.

Submit appropriate birth, death, and marriage records for all generations. These documents should be referred to as "B/C," "D/C," and "M/C." In the event such records are unavailable for people born prior to 1880, then bible, census, and newspaper announcements may be used in lieu <u>as necessary</u>, but only as a last resort. Provide appropriate citations, giving, for instance, the family name and ownership of the bible; the census year, state, county (or parish, township, or other designation), and the page and line numbers on which the information appears; and newspaper announcements should provide the name of the paper, and the city, state, and date of the issue in which it appeared. **All evidences submitted will be shredded to protect members' information from being compromised.**

Once completed, save your application with a fresh name. Then print the application and submit it with your evidences and your check payable to "Southern Cross" in the amount of \$200, to:

Jane R. Power, Registrar 6872 N President George Bush Hwy, #2203 Garland, TX 75044-3981

Your \$200 fee includes your membership certificate and small insigne.

If you have questions, you may contact the registrar by e-mail at MOSCPTregistrar@aol.com.



MILITARY ORDER OF THE SOUTHERN CROSS IN THE PACIFIC THEATER

Application for Membership

	Tick one:	Preliminary Application	Supplementa Application	ry	rev. Dec 20
I hereby submit this app	plication for review	based on the	following info	rmation:	
My full name is:					
My name as I wish it to	appear on my Certi	ificate:			
My mailing address:					
City:			State:	ZIP + 4:	
Telephone:	E-m	nail:			
I apply based on my	Direct Descent from Collateral Kinship with	Soldier (nat	me ONLY):		
Said Soldier was my:			who se	erved in the Pacific	Theater (south of
the Tropic of Cancer) d	uring World War II	(1941-1945)	as (indicate Rank o	or Position held):	
			in the follo	owing branch	
as supported by the follo	owing Evidence of N	Military Serv	ice:		
	Aj	oplicant: Do not wi	rite below this line		
Signature of Registrar:					
Date of Approval:		Mer	mbership Number:		
Amount Paid:				Check Number:	

If you are claiming Direct Descent, use pages 2 and 3 to provide your descent from the qualifying soldier. Not all blocks may be needed. If you are claiming Kinship other than Direct Descent, you must ALSO complete the appropriate generations provided for on pages 2 and 3 sufficient to include your common ancestor with the soldier. Not all blocks may be needed.

Then see the note at the top of page 4 for additional instructions.

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fs: (NOTE: DO NOT provide of	explanations of the evidences. Refer to the instructions for proper citation of all evidences.)
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The said	was the (check one) son daughter of
4. (name in blood line)	
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Proofs:	
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Proofs:	

If you are claiming Direct Descent, use pages 2 and 3 ONLY, providing your descent from the qualifying soldier. Not all blocks may be needed. If you are claiming Kinship other than Direct Descent, you must ALSO complete the appropriate additional generations provided for on pages 4 and 5 sufficient to include the ancestor you have in common with the soldier. Not all blocks may be needed.

I claim kinship to the qualifying soldier:

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(name in blood line)	
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Proofs:	
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(name in blood line)	
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Proofs:	
The said	was the (check one) son daughter of
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to	
b	4
d	at
Proofs: —	