



NATIONAL SOCIETY DESCENDANTS OF AMERICAN FARMERS

National Number: _____
SUPPLEMENTAL
No. _____

The Applicant: _____

Says that they were born _____ at _____

And married _____ on _____ at _____

Please provide the following information: State exact name for certificate:

Address: _____

City: _____ State _____ Zip: +4 _____

Primary Phone: _____ Cell Phone: _____

Email address: _____

My Ancestor: _____

Was engaged in agriculture in (state) _____ and was

Born _____ at _____ died _____

At _____ and () spouse _____

Born _____ at _____ died _____

Married _____ at _____

I declare I will uphold and support the objectives for which this organization was formed, chiefly the promotion of agriculture careers in the United States of America.

SIGNED: _____ DATE _____

Registrar National Signature _____ DATE _____

President National Signature _____ DATE _____

If no approved application is available, please request a Long Application Form.

Registrar National: Davena Liepman
 10809 West Timberwagon Circle
 The Woodlands, Texas 77380-4030
 972-743-5406 email: NSDOAF@gmail.com – <http://nsdoaf.com>
 Check _____ Amount _____