

Society of Mayflower Descendants in the State of New Jersey, Inc.
PRELIMINARY REVIEW

Name Date

Street Address Tel. #

City, State, Zip + 4 Date of Birth

Occupation

E-mail

Name of *Mayflower* Ancestor

Signature of Applicant

Please fill in the Generations, including spouses, beginning with the Mayflower passenger to yourself.

Gen.	Name of Line Carrier	Name of Spouse
1	(Enter Mayflower Passenger Here)	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

All applicants are required to fill out a preliminary review form to see if your proposed line is accepted by

The Mayflower Society, this is not an application. Please contact the Historian for any questions.

Required Preliminary Application Fee - **\$50.00**, Make check payable to: **SMDNJ**

Mail check to:

Linda Hoffman

700 Coral Way

Neptune, NJ 07753-2902

E-mail: LSHQuinter@aol.com