



Military Order of the Stars and Bars

Real Grandson Medal

Real Great Grandson Medal

Real Great-Great Grandson Medal

Real Great-Great-Great Grandson Medal

Application



Please select the specific medal below which you are applying for:

Real Grandson Medal Application Form - Sections 1 & 2 / No cost

Real Great Grandson Medal Application Form - Sections 1 - 3 / \$25.00

Real Great-Great Grandson Medal Application Form - Sections 1 - 4 / \$75.00

Real Great-Great-Great Grandson Medal Application Form - Sections 1 - 5 / \$ 70.00

Award Number: _____ Member's MOS&B Number: _____ Fee Enclosed: _____

MOS&B Member's Name: _____
First Middle Last Suffix

Address: _____

City State Zip E-mail

RECORD OF CONFEDERATE ANCESTRY

Name of Ancestor: _____ Rank/Title: _____

Served in the Confederate States (Army, Navy, or Civil Government): _____

Company: _____ Regiment: _____ Ship: _____ Department: _____

Entered the Confederate Service (date): _____

At: _____, State of: _____

Honorably discharged at: _____, State of: _____

Date: _____ 186____. Served under the command of: _____

I hereby certify that the information provided above and my lineage attached is true to the best of my knowledge and belief.

Signature of applicant Date

CHAPTER CERTIFICATE OF RECOMMENDATION

(Only to be used if the applicant is associated with an active Chapter)

I, _____ - _____ of _____ Chapter No. _____
Name Title Chapter Name

Society of _____, do certify that _____
State Name of applicant

is a member in good standing and that I have inspected personally, the required proof of the applicant of the MOS&B Real Grandson/Real Great Grandson/Real Great-Great Grandson/Real Great-Great Great Grandson Medal, and I am satisfied as to his eligibility and I recommend the award of the decoration.

Adjutant/Commander Date: _____

CERTIFICATE OF APPROVAL BY THE GENERAL ORGANIZATION

By authority of the General Organization, Military Order of the Stars and Bars, the award of this ancestry medal to the above member is approved.

Real Grandson Committee Chairman Date: _____

LINEAGE DOCUMENTATION FORM

This document is to be permanently kept with the application.

Section No.

1. I am _____
Applicant's Name Born Where
My wife is _____
Applicant's Wife's Maiden Name Born Where
Married _____
Date Where Died Where
Proof: _____

2. I am the son of _____
Father's Name Born Where

Died Where

Mother's Maiden Name Born Where
Married _____
Date Where Died Where
Proof: _____

(Stop at Section Number 2 if applying for the Real Grandson Medal)

Section No.

3. My _____ was the _____ of
Father/Mother son/daughter/brother/sister

Name Born Where

Died Where

Wife's Maiden Name Born Where

Married _____
Date Where Died Where

Proof: _____

(Stop at Section Number 3 if applying for the Real Great Grandson Medal)

4. My ancestor _____ was the _____ of
son/daughter/brother/sister

Name Born Where

Died Where

Wife's Maiden Name Born Where

Married _____
Date Where Died Where

Proof: _____

(Stop at Section Number 4 if applying for the Real Great-Great Grandson Medal)

5. My ancestor _____ was the _____ of
son/daughter/brother/sister

Name Born Where

Died Where

Wife's Maiden Name Born Where

Married _____
Date Where Died Where

Proof: _____

**Mail completed application to Troy Massey, PO Box 536, Harrison, AR 72602-0536
with your check made payable to the MOS&B**