



NATIONAL SOCIETY DESCENDANTS OF AMERICAN FARMERS

National _____
Number: _____

The Applicant: self: _____

Born _____ at _____

And married _____ at _____ on _____

spouse born _____ at _____ died _____ 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 _____
at _____

Married _____ at _____

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

Approved Society (ie: NSSAR, NSDAR) * attach full approved application _____

SIGNED: _____ DATE _____

Registrar National Signature _____ DATE _____

President National Signature _____ DATE _____

If no approved application is available, please request a Long Application Form. The application along with all supporting documents remains the property of The National Society Descendants of American Farmers in perpetuity.

Email or Mail to: Registrar National: Davena Liepman – 10809 West Timberwagon Circle, The Woodlands, Texas 77380-4030 – 972- 743-5406
email nsdoaf@gmail.com – <http://nsdoaf.com> Payment can be made on nsdoaf.com through paypal

Check: _____ Amount _____

NSDOAF SHORT FORM: 10 JANUARY 2021