



# CLAN CAMPBELL SOCIETY (North America)

Chief: The Duke of Argyll  
Mac Cailein Mor

## Genealogy Data Form

[www.CCSNA.org](http://www.CCSNA.org)  
[www.CampbellDNAProject.org](http://www.CampbellDNAProject.org)

Full Name of Applicant \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Full Name of Spouse \_\_\_\_\_  
*Last First Middle (Maiden)*

Former Spouses (A) \_\_\_\_\_ (B) \_\_\_\_\_

For Our Genealogical Record – List **ALL** Children: **Please format all dates: Day - MONTH - Year**

	NAMES OF CHILDREN	BIRTHDATE (DD-Month-YYYY)	PLACE <i>Town, County, State or Province</i>	WHICH SPOUSE <i>(if remarried)</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Use additional sheet, if necessary

Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete all pages, then print, sign and mail to:

**CLAN CAMPBELL SOCIETY (NA)**  
Jules Anderson, MSc, QG  
606 Ocracoke Drive  
Wilmington, NC 28412

# Genealogical Information

Please provide as much information as you can for our genealogical files. Further information is welcome at any time.

Please format all dates: Day - MONTH - Year

**CAMPBELL or SEPT SIDE**

**SPOUSE (Use Maiden Name)**

SELF

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Married: Date \_\_\_\_\_ Place \_\_\_\_\_

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

This Person's Parents Were

Name \_\_\_\_\_

Name \_\_\_\_\_

PARENTS

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Married: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
((DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

Name \_\_\_\_\_

Name \_\_\_\_\_

GRANDPARENTS

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Married: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

Name \_\_\_\_\_

Name \_\_\_\_\_

GREAT GRANDPARENTS

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Married: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

Name \_\_\_\_\_

Name \_\_\_\_\_

GREAT GREAT GRANDPARENTS

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Married: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_

This Person's Parents Were

Name \_\_\_\_\_

Name \_\_\_\_\_

GR. GR. GREAT GRANDPARENTS

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Birth: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Married: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

Death: Date \_\_\_\_\_ Place \_\_\_\_\_  
(DD-MONTH-YYYY) Town, County, State or Province

## Genealogical Information (continued)

Please format all dates: Day - MONTH - Year

*This Person's Parents Were*

<b>3x GREAT GRANDPARENTS</b>	Name _____		Name _____
	Birth: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>		Birth: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>
	Married: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>		Death: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>
	Death: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>		

*This Person's Parents Were*

<b>4x GREAT GRANDPARENTS</b>	Name _____		Name _____
	Birth: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>		Birth: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>
	Married: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>		Death: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>
	Death: Date _____ Place _____ <small>(DD-MONTH-YYYY) Town, County, State or Province</small>		

Use additional sheet, if necessary

### Campbell DNA Project Optional Genetic Genealogical Information

1. Have you engaged in any DNA testing? \_\_\_\_\_
  - a. If yes, what type of testing? \_\_\_\_\_
  - b. What is your Y-DNA haplogroup? \_\_\_\_\_
  - c. What is your MtDNA haplogroup? \_\_\_\_\_
  - d. Are you a member of the FTDNA Clan Campbell DNA Project (Y-DNA)? \_\_\_\_\_
    - i. If yes, what is your Kit Number \_\_\_\_\_
  - e. Are you a member of the Campbell Ancestry GEDMatch Project (atDNA)? \_\_\_\_\_
    - i. If yes, what is your Kit Number \_\_\_\_\_

2. Who is your earliest known **verified** Campbell ancestor? \_\_\_\_\_  
 Location \_\_\_\_\_ Documentary evidence \_\_\_\_\_

3. Would you be interested in being contacted by a member of the Campbell DNA team to provide you with information on DNA testing options, upgrades or further information on the Campbell DNA Project?  
 \_\_\_\_\_