



Muscogee Genealogy Society
Diggin' Our Roots
1976-2016

The Muscogee Genealogy Society wants to help nonmembers and members to start "Diggin' Your Roots" as part of an upcoming meeting in the fall. The genealogy part of the program will be formatted like the popular TV programs, "Finding Your Roots," and "Genealogy Roadshow." Do you want to start a family history? Is there a specific question about your family that you would like help with? Complete the application below, and send it to Muscogee Genealogy Society, P.O. Box 761, Columbus, GA, 31902 **no later than September 15th**. Applicants will be notified by email or phone when we receive their application. If you are not contacted, we haven't received your form. The researchers will keep your family information private, except for those applicants, with their permission, who are chosen to be a participant in our oral and video program, where our researchers will present your approved information to MGS members and the public. The researchers will return the application form and any discovered information to the applicants, at the meeting. For more information call (706) 323-4014.

Diggin' Our Roots Application

Please print the following information:

Full Name _____ Prefer to be called _____

Date of birth (day, month, year, city, county, state of birth)

Current Complete Address _____

Email address: _____ Confirm email _____

Phone Number (Home) _____ (Cell) _____

Please Circle Appropriate Categories: Single Married Divorced Children No Children

Do you use a computer? _____ Are you a beginning genealogist? _____

Father's Full Name _____

Applicant's Parents:

Father's Date of Birth (Day, Month, Year, City, County, State) _____

Mother's Full and Maiden Names _____

Mother's Date of Birth (Day, Month, Year, City, County, State) _____

Applicant's Paternal Grandparents (if known):

Grandfather's Full Name _____

Grandfather's Date of Birth (Day, Month, Year, City, County, State) _____

Grandmother's Full and Maiden Names _____

Grandmother's Date of Birth (Day, Month, Year, City, County, State) _____

Applicant's Maternal Grandparents (if known):

Grandfather's Full Name _____

Grandfather's Date of Birth (Day, Month, Year, City, County, State) _____

Grandmother's Full and Maiden Names _____

Grandmother's Date of Birth (Day, Month, Year, City, County, State) _____

Please tell us the question about your family that you'd like help with _____

Agreement/Release Form

I, _____

(Please fill in line with your signature)

agree to the oral discussion and visual presentation of my family history by the representative of the Muscogee Genealogical Society as part of the program, Diggin' Your Roots. I will not hold the organization or its members liable for any research errors, and understand that the facts presented represent a "good faith effort" by the researchers and presenter to help me start a family history or answer a question about my family. It is my understanding that my address, phone numbers, email address, and any information I consider too sensitive to reveal publicly, will not be presented. I also understand that I may be contacted by a researcher before the program to discuss and make modifications, if necessary to the information uncovered.

This event is Co-sponsored with the Genealogy Room,
Columbus Public Library, 3000 Macon Road, Columbus, Georgia 31906

