

# GSMD PRELIMINARY REVIEW FORM



**Instructions and Important Information** - Complete the online Preliminary Review form. Fill it out beginning with the name of your Pilgrim ancestor. On the next line, enter his/her son or daughter, and who they married. Then list the next son or daughter and their spouse. Continue through the generations down to yourself. We will compare your proposed lineage with the lineage papers in our files to determine what portion of your line is already documented. You will receive a report on the findings with instructions on how to proceed. Please expect to wait three to six weeks for your response. There is a non-refundable \$25.00 fee per inquiry for this service. A credit card is required for instant processing.

If you prefer to pay by check, please print this form and mail it, and a check for \$25.00 per inquiry to:  
**GSMD, PO Box 3297, Plymouth, MA 02361-3297.**

## **This is not an application.**

Memberships are handled through individual state societies.  
Contact information for the state societies can be found on the [Contacts](#) page of the GSMD website.

If you would like to make an inquiry about membership, please call (508) 746-3188.

**NOTE:** Use the TAB or ENTER key to move from field to field.

**NOTE: CALIFORNIA RESIDENTS** are asked to use the Preliminary Review Form on the California Mayflower Society website.  
If you are a California resident, please go directly to their website: [www.MayflowerSociety.com](http://www.MayflowerSociety.com).

**Date:**

**Phone:**

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**E-Mail Address:**

Continued on page 2.

**1. Name of your Mayflower Pilgrim Ancestor:**

- |                          |                 |
|--------------------------|-----------------|
| <b>2. Son/Daughter:</b>  | <b>Married:</b> |
| <b>3. Son/Daughter:</b>  | <b>Married:</b> |
| <b>4. Son/Daughter:</b>  | <b>Married:</b> |
| <b>5. Son/Daughter:</b>  | <b>Married:</b> |
| <b>6. Son/Daughter:</b>  | <b>Married:</b> |
| <b>7. Son/Daughter:</b>  | <b>Married:</b> |
| <b>8. Son/Daughter:</b>  | <b>Married:</b> |
| <b>9. Son/Daughter:</b>  | <b>Married:</b> |
| <b>10. Son/Daughter:</b> | <b>Married:</b> |
| <b>11. Son/Daughter:</b> | <b>Married:</b> |
| <b>12. Son/Daughter:</b> | <b>Married:</b> |
| <b>13. Son/Daughter:</b> | <b>Married:</b> |
| <b>14. Son/Daughter:</b> | <b>Married:</b> |
| <b>15. Son/Daughter:</b> | <b>Married:</b> |
| <b>16. Son/Daughter:</b> | <b>Married:</b> |

Message to Reviewer:

Please take a moment to review your form for accuracy and to make sure it is filled out completely before printing and mailing.