

Louisiana Certified Heraldist Application

PERSONAL INFORMATION								
Last Name		First Na	nme		Middle			
Address		City			State	Zip		
Cell Phone:		Email:						
Date of Birth (MM/DD/YYYY):			If this is a renewal application, what is your LCH Number?					
Are you a U.S. Citizen? [] Yes	[] No	Have y	ou ever been convicted of a	felony?	[] Yes	[] No		
EDUCATION								
School Name	Location		Years Attended	Degree	Received	Major		
CERTIFICATIONS & POST-GRADU.	ATE WORK							
Institution Name Location			Year(s) Attended	Certification or Course of S		rse of Study		

HERALDRY	' AND GENEA	ALOGY	
COURSES,	PROGRAMS.	, & CERTIFICATION	NS

Institution Name	Hours	Year(s) Attended	Course, Program, or Certification

HERALDRY & GENEALOGY EX	XPERIENCE					
Years of experience in genealogy:						
Years of experience in heraldry:						
Years of membership in a genealogical or heraldry society:		Name of society:				
If applicable, Louisiana Accredited or Certified Genealogist (LAG / LPG)						
Number:		Number of years a LAG or LPG:				
REFERENCES						
Clients or others who can attest to your	work in heraldry (re	esearch, teaching, speaking, de	esign, etc)			
Name		E	Email		Phone	
Checklist and Acknowledgemer	nt .					
A copy of my resume is enclosed	sed					
A copy of my professional bio	is enclosed					
A copy of my proof of ownersh	nip of the Armorial	General by Johannes Baptist	e Rietstap			
A copy of a state or governme confidential information)	nt issued identifica	tion card that matches the ap	oplicant's name is enc	losed (you may redac	it .	
An essay explaining my intere	est in becoming a L	ouisiana Certified Heraldist (I	limit to 1,000 words) is	s enclosed		
2 examples of my heraldry wo	rk are enclosed					
If I have published any articles on heraldry, copies are enclosed (no more than 3 examples)						
I have read the LCH Instructions, and I agree to abide by the terms, conditions, and Code of Ethics						
I have enclosed my application	n fee (\$250 for nev	applicants, \$150 for renewa	als)			
I certify that all answers given	herein are true and	d complete to the best of my	knowledge			
Signature of Applicant			Date			
Please make checks payable to	o: Louisiana Ge	enealogical and Historic	cal Society			
Mail completed application and	I check (person	al, business, cashiers o	or money order) to	0:		
Louisiana Genealogical and Hi 368 Holly Estates Road Anacoco, LA 71403	storical Society					

Direct inquiries to info@laghs.com or melissa.collins@laghs.com. All payments are nonrefundable.