



**APPLICATION FOR DESCENDANTS OF PT. LOOKOUT POW ORGANIZATION  
INSTRUCTIONS:**

- (1.) Please print or type all information.
- (2.) Provide proof that your Confederate military/civilian, blood-related ancestor was a POW in Point Lookout Prison, Maryland between 1863-1865. This can be a copy from muster sheets, pension records, regimental series, oath of allegiance, excerpts from diaries, family bible, or a copy of their membership papers into a UCV camp when they specify being a POW at Point Lookout. Send as much as you like, as long as it pertains only to imprisonment.
- (3.) When available, please send a copy of his picture to put with your verification. If you have a photo of yourself in Confederate attire, please include that as well.
- (4.) Send \$20.00 check/money order for membership (\$5.00 each supplemental) payable to:  
**DOPL, 116 Glennary Lane West, Richmond Hill, GA 31324-3702**

I \_\_\_\_\_  
 \_\_\_\_\_ (Full Name)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
 \_\_\_\_\_  
 (Address)  
 (9 Digit zipcode) \_\_\_\_\_ Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Email Address (**Required**) \_\_\_\_\_ Spouse's name \_\_\_\_\_ Member? \_\_\_\_\_

Do hereby apply for membership in the Point Lookout POW Organization (PLPOW), upon the  
 Imprisonment of my Confederate ancestor, \_\_\_\_\_  
 \_\_\_\_\_ (Rank and FULL Name)  
 Who was a member of \_\_\_\_\_ Co. \_\_\_\_\_  
 \_\_\_\_\_ (Regiment/state, infantry/cavalry/artillery/navy/civilian)  
 Occupation: pre-1861 \_\_\_\_\_ During the War \_\_\_\_\_ Post War \_\_\_\_\_  
 Resident at Time of Enlistment \_\_\_\_\_  
 Relationship to me \_\_\_\_\_ Ancestor's Ethnic Nationality \_\_\_\_\_  
 I am a member of other Confederate Organizations: 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 How did you learn about DOPL? \_\_\_\_\_  
 My ancestor was imprisoned in Point Lookout from \_\_\_\_\_ to \_\_\_\_\_  
 My ancestor survived Point Lookout: \_\_\_\_\_ Died at Point Lookout: \_\_\_\_\_ Date: \_\_\_\_\_  
 Where exchanged/Paroled/Oath of Allegiance? \_\_\_\_\_  
 Wounded? \_\_\_\_\_ How? \_\_\_\_\_  
 Date Died: \_\_\_\_\_ Where? \_\_\_\_\_ Buried at: \_\_\_\_\_ Age: \_\_\_\_\_  
 CSA Marker? \_\_\_\_\_ This is a new membership \_\_\_\_\_ Supplemental \_\_\_\_\_ Renewal \_\_\_\_\_

Membership monies are **NOT** prorated **NOR** refundable.  
 Submitted verification becomes ownership of DOPL.

**THANKS \*\*\*\*\* AND \*\*\*\*\* WELCOME !!!**