

CITY OF GLOUCESTER FREEDOM THEREOF BY BIRTHRIGHT



1 , (your name in full)	
Hereby claim and give notice that I intend to apply for admission to the Freedom by Birthright.	
Your relationship to the ancestor you are making your claim through i.e. Son / Daughter / Grand-Son / Grand-Daughter / Great Grand-Son / Great Grand-Daught Daughter / Great Great Grand-son	er / Great Great Grand-
Am the	
(Your relationship to the person you are claiming through as above)	
Of(The full name of the person you are claiming through)	
Of	
(Present or last known address of person claiming through)	
In the said City (their occupation when admitted)	
And who was admitted to the Freedom on the (the full date, if known)day of	in the year
When he/she resided at (address when admitted, if known)	
•	
I was born on the(day) Of (month)	
And now reside at:	
And my occupation is	
Daytime telephone:	
Mobile:	
Email@	
Signature of Claimant: Date:	
Signature of Claimant	