

Sons of Confederate Veterans Confederate Grave Registration Form

Items marked with a * are required

Cemetery Name* _____ City _____ County* _____ State* _____

Name of Veteran: First _____ AKA _____ Middle _____ Last* _____ Suffix _____

Enlistment Date _____ Discharge Date _____

Reference(source of military service)* _____

Rank _____ Ordinal _____ State _____ Unit Type _____ Company _____

Unit AKA _____

Born Date _____ City _____ County _____ State _____

Died Date _____ City _____ County _____ State _____

Cemetery Space _____ Lot _____ Block _____ Marker Type _____

Unit on Marker(Y/N) _____ Last Seen(Yr) _____ Condition(Good/Fair/Poor) _____

Name of Wife: First _____ Maiden _____ Mother's Maiden _____

Wife Born(place and date) _____

Married When _____ Where _____

Names of Children _____

Names and Addresses of Known Living Descendants _____

Notes _____

Submitter Full Name* _____

Submitter Email _____

Submitter Phone Number* _____

SCV ID# _____

Other Affiliation _____

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