

Confederate Veteran Grave Registration Form (Rev. 3-99)
(Please Print Carefully)

Name of Soldier Last _____ First _____ Middle _____ Suffix _____
Rank _____ Branch _____ Company _____ Regiment _____ State _____

Enlistment Date: _____

Reference (Source of Military service): _____
Birth Date _____ City _____ County _____ State _____
Death Date _____ City _____ County _____ State _____

Cemetery Name _____
City _____ County _____ State _____
Plot # _____ Row _____ Section _____ Is Grave Marked? _____ Veteran Stone? _____

Cross of Honor on Grave _____ Cross of Honor Identification # _____
Spouse Maiden Name _____ First _____ Middle _____
Spouse Birth Date _____ City _____ County _____ State _____
Marriage Date _____ City _____ County _____ State _____
Name of Children _____

Name and Address of Known Living Descendants (only two): _____

Name of Individual Filing Data:
Last _____ First _____ Middle Initial _____ Suffix _____
Address _____ City _____ State _____

Name and Number of SCV Camp (If Applicable) _____

Date Filed: _____

Forward To:
Confederate Graves Registration Project
Sons of Confederate Veterans
Post Office Box 59
Columbia, TN 38402-0059
FAX (931 381-6712) – E-Mail exedir@scv.org