

Sons of Confederate Veterans Confederate Grave Registration Form

Vol No. _____
Page No. _____
Cem No. _____

Items marked * 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 _____ State _____ Unit Type _____ Company _____

Unit AKA _____

Birth Date _____ City _____ County _____ State _____

Death 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 _____