

# 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 \_\_\_\_\_