



# Texas Division SONS OF CONFEDERATE VETERANS GUARDIAN APPLICATION

**Print and Mail to:**  
Phillip L. Davis  
1299 Private Road 4011  
Gilmer, TX 75644  
Email: pdavis37@etex.net  
Phone: 903-790-7137

Name of Applicant: \_\_\_\_\_ SCV ID No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

SCV Camp: & Number \_\_\_\_\_ Location \_\_\_\_\_

Confederate Veteran's Name: \_\_\_\_\_ Rank \_\_\_\_\_

Unit: \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_

Location of grave (Include name of cemetery, city, county & state) (Latitude & Longitude & map if possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Date candidate began tending grave \_\_\_\_\_

a.. If grave has been tended to for more than a year indicate how many visits per year. \_\_\_\_\_

2. Flag placed on grave for Confederate Memorial Day:                      Yes                      No \_\_\_\_\_

3. Marker on grave indicating CSA service:                      Yes                      No \_\_\_\_\_

4. Services performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that all the information here is true and accurate. I agree to faithfully care for and protect this Confederate Veteran's grave in accordance with the Texas Division Guardian rules for as long as I am able. In the event I am no longer able to carry out my duties, I shall notify the Guardian Review Committee immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE -- FOR COMMITTEE USE ONLY!**

Guardian Review Committee Action:

- |                          |  |                       |
|--------------------------|--|-----------------------|
| I. Application Approved  | Disapproved                                      | For Full Guardian.    |
| II. Application Approved | Disapproved                                      | For Guardian Pro Tem. |
| III. Wilderness Grave:   | Approved   | Disapproved           |
| IV. Pro Tem Period:      | Months:                      From _____ to _____ |                       |

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous forms may be used.