



Texas Division
SONS OF CONFEDERATE VETERANS
GUARDIAN APPLICATION

Print and Mail to:
Bill Elliott
304 Fairview Street
Marshall, TX 75672-7727
Email: etaia@att.net
Phone: 903-263-9092

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
II. Application Approved
III. Wilderness Grave:
IV. Pro Tem Period:
Disapproved
Disapproved
Approved
Months: From \_\_\_\_\_ to \_\_\_\_\_
For Full Guardian.
For Guardian Pro Tem.
Disapproved

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

Previous forms may be used.