

Sons of Confederate Veterans

Ancestor of: _____

Please fill out the following form, starting with your Confederate Ancestor. Fill in as much as you know but all blanks are not necessary. The required information are the names and relations of each generation.

1. Ancestors Name: _____ Rank: _____
Company: _____ Unit: _____ State: _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
2. Name: _____ Relationship to # 1 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
3. Name: _____ Relationship to # 2 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
4. Name: _____ Relationship to # 3 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
5. Name: _____ Relationship to # 4 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
6. Name: _____ Relationship to # 5 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
7. Name: _____ Relationship to # 6 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____
8. Name: _____ Relationship to # 7 _____
Born Where: _____ Date: _____
Died Where: _____ Date: _____
Spouse: _____