

**Confederate Monument Registration Form** (Rev. 2-99)  
(Please Print Carefully) (Use Reverse Side If Needed)

Name of Monument \_\_\_\_\_

Location (Site): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date of Construction: \_\_\_\_\_

Constructed By: \_\_\_\_\_

Monument Ownership: \_\_\_\_\_ Land Ownership: \_\_\_\_\_

Dedication (Date & Participants if known) \_\_\_\_\_

\_\_\_\_\_

History: \_\_\_\_\_

\_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Current Condition: \_\_\_\_\_

Current Maintenance: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Name of Individual Filing Data:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name & number of SCV Camp (If Applicable) \_\_\_\_\_

\_\_\_\_\_

Date Filed: \_\_\_\_\_

Please Attach a Current Photo If Available and Forward To:  
Confederate Monument Registration Project  
Sons of Confederate Veterans  
Post Office Box 59  
Columbia, TN 38402-0059