

Confederate Graves Registry Form

(Please Print Legibly) (Revised December 2006)

*Veterans Name: Last _____ First _____ Middle _____ Suffix _____

*Rank _____ Company _____ Regiment _____ State _____

Branch _____

Enlistment Date: _____ Discharge Date: _____
Month Day Year Month Day Year

Condition of Discharge: _____

Other Wars: _____

Date of Birth: _____ City _____ County _____ State _____
Month Day Year

Date of Death: _____ City _____ County _____ State _____
Month Day Year

Age at Death _____
Month Day Year

*Cemetery Name: _____ GPS ____ * __ . ____ N / ____ * __ . ____ W

*City _____ County _____ State _____

Plot# _____ Row _____ Section _____

Inscription/epitaph _____

Private Headstone? _____ Veterans Stone? _____ Iron Cross of Honor? _____

Footstone? _____ Flag holder? _____

Reference (Source of Military service): _____

Spouse Maiden Name _____ First _____ Middle _____

Date of Birth _____ City _____ County _____ State _____
Month Day Year

Marriage Date _____ City _____ County _____ State _____
Month Day Year

Date of Death _____ City _____ County _____ State _____
Month Day Year

Age at Death _____
Month Day Year

Inscription/epitaph _____

2nd Spouse _____ 3rd Spouse _____

Name of Children _____

Name and Address of Known Living Descendant (only two): _____

* Indicates mandatory fields

Please print page two on reverse side of this form

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Name of Individual Filing Data:

Last _____ First _____ Middle Initial _____ Suffix _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

State/Division, Name, and number of SCV Camp (If Applicable) _____

Date Filed: _____

Forward to: Confederate Graves Registry Project
Sons of Confederate Veterans
Post Office Box 59
Columbia, TN 38402-0059
FAX (931-381-6712) –E-Mail exedir@scv.org