

Confederate Veteran Grave Registration Form

(Please Print Legibly)

(Revised December 2006)

* **Name of Soldier Last** _____ **First** _____ **Middle** _____ **Suffix** _____

* **Rank** _____ **Company** _____ **Regiment** _____ **State** _____

Branch _____

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

Condition of Discharge _____

Other Wars _____

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

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

Age at Death _____
Months Days Years

* **Cemetery Name** _____ **GPS** _____ * _____ **N/** _____ * _____ **W**

* **City** _____ **County** _____ **State** _____

Plot # _____ Row _____ Section _____

Inscription/epitaph _____

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

Foot Stone? _____ 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 _____
Months Days Years

Inscription/epitaph _____

2nd Spouse _____ 3rd Spouse _____

Name of Children _____

Name and Address of Known Living Descendents (only two)

* **Indicates mandatory fields**

* **Name of Individual Filing Data:**

Last _____ First _____ Middle _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

E-Mail _____

State/Division, Name, and Number of SCV Camp (If Applicable) _____ (use next line)

Date Filed _____