

NATIONAL GUARDIAN APPLICATION

Sons of Confederate Veterans

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Name of Applicant: _____ SCV ID No.: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ **Email Address:** _____

SCV Camp-Name & No.: _____ Camp Location _____

Confederate Veteran's Name: _____ Rank: _____
city/state

Unit: _____ Born: _____ Died: _____

Location of grave (*Include name of cemetery, road, city, county & state*): _____

GPS Coordinates (*Latitude, Longitude*): _____

If the grave has been tended for a year or more, please answer the following:

1. Visits per year: _____ Date candidate began tending grave: _____

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 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: _____

Camp Commander: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR COMMITTEE USE ONLY!

Guardian Review Committee Action

I. Approved Full Guardian: Yes _____ No _____ Effective Date _____

II. Approved Guardian Pro Tem: Yes _____ No _____ Pro Tem Period: Dates From _____ To _____

III. Wilderness Grave Site: Yes _____ No _____

Committee Member Signature: _____ Date: _____