

# 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

Co. \_\_\_\_\_ 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: \_\_\_\_\_