

United Daughters of the Confederacy®
RECORD OF GRAVESITES OF CONFEDERATE SOLDIERS AND SAILORS

Fill in as completely as possible. Use *mm/dd/yyyy* format for all dates. If an estimated date, make note in "Additional information." Items with * must be completed. Use a separate form for each soldier or sailor gravesite being recorded. Please do not knowingly submit for the same person more than once. If additional information has been found, please note on the form that it contains new information than on a previously submitted form. Forms may be submitted periodically (that is, they do not have to be submitted at the end of the year) to the Division Chairman who will forward them to the General Committee Chairman. To avoid duplicate submissions, retain a copy of each submitted form in the Chapter files. The Chapter may be contacted for soldier or sailor information. This form closely corresponds to the online submission form.

INFORMATION ON CONFEDERATE SOLDIER OR SAILOR

* Name of soldier or sailor as it appears on gravestone

*Last name _____ *First and middle names _____

Name of soldier or sailor as it appears in Confederate military records, if known

Last name _____ First and middle names _____

Rank _____ Company _____ Regiment _____ State _____

Source of military service record _____

Date of birth _____ Place of birth _____

Date of death _____

Additional information. Maximum of 255 characters; enter key counts as 2 characters.

INFORMATION ON CEMETERY AND GRAVESTONE

*Name of cemetery _____

Name of cemetery manager _____

*Address of cemetery (street, city, state, Zip code) _____

Telephone _____

Is there a gravestone? Yes _____ No _____

If no gravestone, describe location in cemetery. _____

If gravestone: Is Confederate service noted on marker? Yes _____ No _____

Is it a government marker? Yes _____ No _____

Is it a memorial marker (no remains buried)? Yes _____ No _____

Is there an Iron cross or a Brass cross? Yes _____ No _____

If a cross, by whom was it placed? _____

INFORMATION ON PERSON SUBMITTING FORM

*Name of submitter _____ *Telephone _____

E-mail address _____

UDC Chapter name and number _____

City and Division _____

Date filed _____

INFORMATION ON FORM ENTRY INTO ONLINE RECORDS

Date filed online _____ *Initials of person making data entry _____