

United Daughters of the Confederacy®  
RECORDS 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 under "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 \_\_\_\_\_, Place \_\_\_\_\_  
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) \_\_\_\_\_  
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 \_\_\_\_\_  
Email address \_\_\_\_\_  
UDC chapter name and number \_\_\_\_\_  
City and Division \_\_\_\_\_  
Date filed \_\_\_\_\_

**Mail completed form to:**  
**Carylon Orum, Chairman**  
**1502 Elm Lake Rd.**  
**Riesel, Texas 76682**  
**(254) 875-2353**  
**texanalso@hotmail.com**

For committee use only <b>INFORMATION ON FORM ENTERED INTO ONLINE RECORDS</b> Date filed online _____ *Initials of person making data entry _____
--