

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 _____

SUBMIT REPORT TO:

Barbara Slover
6235 Queensloch
Houston TX 77096-3736
713-772-5396
btruslover@aol.com

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For committee use only

INFORMATION ON FORM ENTERED INTO ONLINE RECORDS

Date filed online _____

*Initials of person making data entry _____