

TN DIVISION GUARDIAN APPLICATION



Name of Applicant: _____ SCV ID No.: _____

Address: _____ City: _____

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

SCV Camp-Name & No.: _____

Confederate Veteran's Name: _____ Rank: _____

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 two years 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 _____ If not, please explain: _____

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 as Guardian: Yes _____ No _____ Effective Date _____

Committee Chairman Signature: _____ Date: _____