

NATIONAL GUARDIAN APPLICATION

Sons of Confederate Veterans

E.M. Clark, Jr., ANV
3993 Bachman Rd.
West Columbia, SC 29172
803-755-3163
eclark1861@aol.com

Jimmy Hill, AOT
13476 Wendy Dr.
Madison, AL 35757
256-233-3366
NEBrigade@aol.com



M. Todd Owens, ATM
2102 W. California Ave.
Ruston, LA 71270
318-548-2846
owens.scv@gmail.com

Dennis E. Todd, Chairman
1113 Pine St.
Cayce, SC 29033
803-796-2407
ucv1890@att.net

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

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: _____