



Name of Applicant: _____ SCV ID No. _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

SCV Camp: _____ Location _____

Confederate Veteran's Name: _____ Rank _____

Unit: _____ Born: _____ Died: _____

Location of grave *(Include name of cemetery, city, county & state)*

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 (as specified in SC Division Administrative Order 93-1) 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: _____

DO NOT WRITE BELOW THIS LINE -- FOR COMMITTEE USE ONLY!

Guardian Review Committee Action:

- | | | |
|--------------------------|---------------|-----------------------|
| I. Application Approved | Disapproved | For Full Guardian. |
| II. Application Approved | Disapproved | For Guardian Pro Tem. |
| III. Wilderness Grave: | Approved | Disapproved |
| IV. Pro Tem Period: | Months: _____ | From _____ to _____ |

Committee Member Signature: _____ **Date:** _____