



Texas Division
SONS OF CONFEDERATE VETERANS
GUARDIAN APPLICATION

Print and Mail to:
Bill Elliott
304 Fairview Street
Marshall, TX 75672-7727
Email: etaia@att.net
Phone: 903-263-9092

Name of Applicant: _____ SCV ID No. _____

Address: _____ City: _____

State: _____ Zip _____ Phone _____ Email _____

SCV Camp:& Number _____ Location _____

Confederate Veteran's Name: _____ Rank _____

Unit: _____ Born: _____ Died: _____

Location of grave (Include name of cemetery, city, county & state) (Latitude & Longitude & map if possible)

1. Date candidate began tending grave _____

a.. If grave has been tended to for more than a year indicate how many visits per year. _____

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 Texas Division 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: _____

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 _____

Previous forms may be used.