GUARDIAN APPLICATION
Louisiana Division
Sons of Confederate Veterans
www.lascv.com

Name of Applicant: _____

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 or parish & state)*
_____

_____

If the grave has been tended for a year or more, please answer the following:

1. Visits Per Year: _____   Time Period Grave Has Been Tended: _____

2. Flag Placed On Grave for Confederate Memorial Day: Yes _____ No _____

3. Marker on Grave Indicating CSA Service: Yes _____ No _____

4. Services Performed: _____

5. GPS Coordinates: _____

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: _____

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: _____**