

GUARDIAN APPLICATION
South Carolina Division
Sons of Confederate Veterans
Revised May 2019

Archie Herring-- Chairman
P.O. Box 176 Gibson N.C.
28343 1-910-280-6781
750ace@bellsouth.net

Name of Applicant: _____ SCV ID NO. _____
Address: _____ City: _____
State/Zip _____ E-mail: _____ Phone: _____
SCV Camp: _____ Brigade: _____
Confederate Veteran's Name: _____ Rank _____
Unit: _____ Born: _____ Died: _____
Location of Grave (Include name of cemetery, city, county, state, and GPS coordinates)

GPS: _____

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

1. Date candidate began tending grave: _____ 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 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: _____

Please include map, photos, and appropriate funds with application

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

Guardian Review Action Committee Action		
Full Guardian	Approved	Disapproved
Guardian Pro Tem	Approved	Disapproved
Pro Tem Period: Dates:	From	To
Wilderness Grave	Approved	Disapproved

Committee member Signature: _____ **Date:** _____