

Confederate Monument Registration Form (Rev 6-06)

(Please Print Carefully - Use Reverse Side If Needed)

Name of Monument _____

Location (Site): _____

City: _____ County: _____ State: _____

Date of Construction: _____

Constructed By: _____

Monument Ownership: _____ Land Ownership: _____

Dedication (Date& Participants if known) _____

History: _____

Description. _____

Current Condition: _____

Current Maintenance: _____

Remarks: _____

Name of Individual Filing Data:

Last Name: _____ First/Middle Init: _____ Suffix: _____

Address: _____ City _____ State: _____

Name & number of SCV Camp (If Applicable) _____

Date Filed: _____

**Please Attach a Current Photo If Available and Forward To:
Confederate Monument Registration Project
Sons of Confederate Veterans
Post Office, Box 59
Columbia, TN 38402-0059**