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Guardian Committee Chairman
Central Brigade



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Eastern Brigade

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Western Brigade

Name of Applicant: _____ SCV ID No.: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email Address: _____
SCV Camp-Name & No.: _____ Camp Location _____
Confederate Veteran's Name: _____ Rank: _____
Unit: _____ Born: _____ Died: _____
Location of grave (Include name of cemetery, road, city, county & state): _____

GPSCoordinatesLatitude,Longitude): _____
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 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.

START SIGNATURE BLOCK:

Signature: _____ Date: _____
Camp Commander: _____ Date: _____

FINISH SIGNATURE BLOCK:

Signature: _____ Date: _____
Camp Commander: _____ Date: _____

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

Guardian Review Committee Action
Approved Full Guardian: Yes _____ No _____ Effective Date _____

Committee Chair Signature: _____ Date: _____