



**Mail to:**  
E. M. Clark, Jr.  
3993 Bachman Road  
West Columbia, SC 29172  
(803) 755-3163

**South Carolina Division  
Sons of Confederate Veterans  
Guardian Application**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

SCV Camp: \_\_\_\_\_ Location: \_\_\_\_\_

Confederate Veterans Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Unit: \_\_\_\_\_ Born: \_\_/\_\_/\_\_\_\_ Died: \_\_/\_\_/\_\_\_\_

Location of Grave (include name of cemetery, city, county, and state): \_\_\_\_\_

Services Performed (Attach additional sheets if necessary):

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. Other Services Performed: \_\_\_\_\_

I affirm that all the information here is true and accurate. I agree to faithfully care 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 Division 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: \_\_\_\_\_