



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: _____