

**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:** \_\_\_\_\_