Department of Michigan Sons of Union Veterans of the Civil War
GRAVES REGISTRATION FORM

Name: ___________________________________      __________________________________     ___________
Last                                                                                First                                                     Middle
AKA  ____________________________________
AKA  ____________________________________

Date of Birth  Day   Month   Year
Date of Death   Day   Month   Year
Age at Death:   _____      _____        ____

Place of Birth  _______________________
Place of Death  _______________________

Veteran status from the Appearance of the grave:  Definite (  )                                Probable (  )                                    Possible (  )
Definite  (    )                                Probable  (    )                                    Possible  (    )
Military Service:
Regiment Number  _______          _________    _____________   ______________________           _______
State or U. S.               Branch                         Company / Ship Name                Rank at Discharge

Service Dates: Enlisted       Discharged:       Day        Month          Year          Age at Enlistment
                                 Day                 Month         Year

Residence at enlistment:  ___________________________

Misc. Info. Also indicate if service was in any war other than the Civil War:  ___________________________

Wife: (No. 1) __________________________________      _____________            _____________
Name                                                                                              YOB                                        YOD

Wife: (No. 2) __________________________________      _____________              _____________
Name                                                                                              YOB                                         YOD

Description of the Grave:

Military Headstone / Plaque:            (     )            Flag Holder:             (     )
Needs Resetting:                          (     )            GAR Post Flag holder
Needs Replacing:                          (     )            GAR Post Number from flagholder
Private (Family) marker/monument: (    )               U.S. Veteran Flag holder
Grave Unmarked:                              (    )          Other Flag holder

Other Information about the grave:

Grave Info: Lot:  _____    Section:  _____   Number:    _____            Cemetery Records Checked: Yes (  ) No (  )
Cemetery Location  (If in Michigan, use the Michigan County & Cemetery Code on each form)
Cemetery Code:  ______-  _______
Cemetery Name:
Street / Road / County Section:  __________________________
GPS  __________ |  __________
Cemetery:  __________________________
City                              Township
County                              State
Your Name:  __________________________

Your Mailing Address:  __________________________     _____________________________    ___    _________
Street                                                                 City                                         State            Zip
E-mail:  __________________________________________
Phone:  _____     _________________________