

**National Organization
Sons of Union Veterans of the Civil War
Graves Registration Form**

(Form GR. 5-96. Rev. Page 2)

Veteran's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	ABOUT THE VETERAN
Born _____ Died _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> Day Month Year Day Month Year </div>	
<input type="checkbox"/> Definite Veteran <div style="margin-left: 150px;">CIVIL WAR</div> <div style="margin-left: 350px;">OTHER WARS</div>	
<input type="checkbox"/> Probable Veteran <div style="margin-left: 150px;"><input type="checkbox"/> Union</div> <div style="margin-left: 350px;"><input type="checkbox"/> Revolutionary War</div>	
<input type="checkbox"/> Possible Veteran <div style="margin-left: 150px;"><input type="checkbox"/> Confederate</div> <div style="margin-left: 350px;"><input type="checkbox"/> War of 1812</div> <div style="margin-left: 350px;"><input type="checkbox"/> Mexican War</div> <div style="margin-left: 350px;"><input type="checkbox"/> Indian War</div> <div style="margin-left: 350px;"><input type="checkbox"/> Spanish American War</div>	
Miscellaneous Information _____	
Unit Designation: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> Regiment No/Ship Name US/State Branch Company Highest Rank </div>	
Enlisted _____ Discharged _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> Day Month Year Day Month Year </div>	
Cemetery Name _____	ABOUT THE CEMETERY AND MARKERS
Cemetery Address _____	
<div style="display: flex; justify-content: space-between; font-size: x-small;"> City or Village Township County State </div>	
Cemetery Location (if not an address) _____	
<div style="text-align: center; font-size: x-small;">Nearest crossroads and instructions to cemetery, etc.</div>	
Military Headstone? <input type="checkbox"/> YES <input type="checkbox"/> NO FLAGHOLDERS	
Headstone needs replacing? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Grand Army of the Republic	
Headstone needs resetting? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Military Order of the Loyal Legion	
Private or family headstone? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other Flagholder	
Date that cemetery was surveyed or record was sent in. _____	
Your Name _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> Last First Middle Initial </div>	ABOUT YOU
How can we contact you? _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> Address and/or phone number email address </div>	

Please submit this information to R. Danes at SUVVIMIDGRO@aol.com or 2612 Burns St., Dearborn, MI 48124-3204

This Form may be copied as needed.

Sons of Union Veterans of the Civil War, a Corporation