

United Daughters of the Confederacy®

GRAVE MARKERS COMMITTEE ANNUAL REPORT

September 1, 20____ - August 31, 20____

No Report

Chapter name and number: _____

Division or Chapter Where No Division (CWND) name: _____

If more space is needed, use additional sheets.

1. Number of U.S. government markers placed on Confederate graves ? _____

List names of soldiers or sailors, birth/death dates, military unit:

<u>Name of soldier or sailors</u>	<u>Birth & Death Dates</u>	<u>Military Unit</u>
_____	_____	_____
_____	_____	_____

2. Number of Iron Crosses? _____ Brass Crosses? _____ placed on Confederate graves.

All Crosses must be purchased from a UDC approved vendor.

Total Crosses placed _____

<u>Name of soldier or sailors</u>	<u>Birth & Death Dates</u>	<u>Military Unit</u>
_____	_____	_____
_____	_____	_____

3. Number of member markers placed? _____

4. Number of Real Daughter markers purchased? _____

List names of Real Daughters for whom purchased. _____

5. Number of non-UDC Daughter of the Confederacy veteran markers purchased? _____

6. Number of other grave markers purchased? _____

List types of markers and for whom purchased:

<u>Type of Marker</u>	<u>Name for Whom Purchased</u>
_____	_____
_____	_____

7. Number of grave marker dedication ceremonies held using the UDC Ritual ? _____

List subject(s), location(s) dates:

<u>Subject</u>	<u>Location</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

Complete this form and send to appropriate Division level person by your Division deadline.

For Chapter Use. Enter Committee Chairman's name, telephone, and email.

Committee Chairman's Name: _____

Email: _____ Phone: _____

Compile Chapter reports; complete this form; send to General Committee Chairman by September 15.

For Division/CWND use. Enter Chairman's name, address, telephone, and e-mail in space below

Committee Chairman's Name: _____

Email: _____ Phone: _____

Number of Chapters in Division: _____

Number of Chapters who reported _____