

United Daughters of the Confederacy®

MONUMENTS AND MEMORIAL MARKERS COMMITTEE ANNUAL REPORT

September 1, 20____ - August 31, 20____

No Report

Chapter name and number: _____

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

**Descriptive narratives should be no more than 250 words each.
If more space is needed, use additional sheets.**

1. Number dedicated. _____
Brief description including date and location.

2. Number rededicated. _____
Brief description including date and location.

3. Number Repaired. _____ Number Beautified. _____
Brief description including date and location.

4. Number purchased, erected, or installed. _____
Name of monument/marker, date, and location.

5. Number of ceremonies or programs held by your Chapter by your Chapter at a Confederate monument or marker.
Name of monument/marker, date, and location. _____

6. Number of UDC members who visited a Confederate Monument or Marker. _____

Number of different sites visited by UDC members. _____

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 the space below.

Committee Chairman's Name: _____

Division Name: _____

Name of Chapter Where No Division: _____

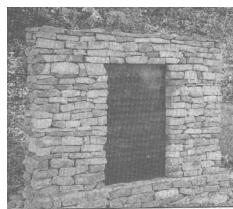
Email: _____

Phone Number: _____

What form to use for Monuments & Markers, Jefferson Davis Highway Marker, or Grave Marker



*Monuments
Submit on this form*



*Memorial Markers
Submit on this form*



*Send to Jefferson Davis
Highway Chairman*



*Send to Grave
Marker Chairman*