

United Daughters of the Confederacy®
SOUTHERN CROSS OF HONOR REPORT

September 1, 20_____ - August 31, 20_____

No Report

Chapter Name & Number: _____

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

Chapter Chairman's Name: _____

Address: _____

Email: _____ Phone Number: _____

******* Crosses located NOT previously reported *******
(Iron Crosses on graves are NOT reported to this chairman)

If more space is needed, use additional sheets.

1. Person in possession of Southern Cross of Honor

Name: _____

Address: _____

City: _____ State: _____ Nine digit Zip Code _____

Email: _____

2. Name of Confederate Patriot (if known) _____

Served in Confederate Army Navy Company _____ Regiment _____ State _____

Infantry Cavalry Artillery Militia Ship _____ Rank _____

Any other information available about veteran's service

3. Relationship of owner to Confederate veteran (if any) _____

4. How did owner obtain possession of Cross? Family heirloom Yes No

Purchased from (dealer) or other source

Special Projects: Did your Chapter discuss, give program, research, or undertake any special projects relative to the Southern Cross of Honor? If so, describe in narrative form, including cost, location(s), and date(s).

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 Number: _____

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: _____

Number of Chapters in Division: _____

Number of Chapters who reported _____

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